

Complements to the Examination of Counselling in Nursing: an Evolutionary Concept Analysis

Papp László, RN, MSc(N) - Erdősi Erika, MSc - Helembai Kornélia, PhD, CSc
University of Szeged Faculty of Health Sciences and Social Studies
Department of Nursing
e-mail: papp@etszk.u-szeged.hu

Keywords: concept analysis, counselling, evolutionary method, interaction, nursing.

Summary

Aim: The aim of this paper is to identify the core defining attributes of counselling within the nursing discipline in order to increase the understanding of the concept, to create the foundation for common usage, and to make starting points for future researches.

Background: Counselling is an important concept of nursing, since this discipline is strongly based on successful helping techniques within the nurse-patient relationship. Counselling appears frequently in the nursing literature, but the meaning and the usage of the concept is ambiguous.

Method: The evolutionary method of concept analysis was used to describe the concept of counselling in nursing. With inclusion and exclusion criterias, a total of 179 articles was found and 36 of them was chosen randomly for the analysis.

Findings: Defining antecedents, attributes and consequences of counselling were identified. The core attributes of counselling includes interaction, individuality, orientation, professionalism and support.

Conclusion: Identification of determining attributes of counselling in nursing can create foundation for common usage of the concept. The results can serve as a base of forming future research questions for education, theory and practice.

Introduction

Nursing is a profession of which the center is nurse-patient relationship, so the success of nursing activity is strongly defined by the success of interaction (Helembai, 1993). These interactions can be described as activities which are based on using relationship-treating methods according to psychological principles.

Since 1970's, a lot of researches deal with the nature of nurse-patient relationship and its influence on the nursing process. The interpretation of these examinations is rather difficult because of the contradicting usage of definitions. The related articles use more expressions to name this relationship, such as (therapeutic) communication (Barna & Kanik, 2000; de Haes & Teunissen, 2005), patient guidance (Helembai, 1993; Kopp, 2005) and counselling (Helembai, 1997; Soohbany, 1999; Öhlén et al., 2005; Kettunen, 2006). Despite the altering word usage, these studies base their arguments on a very similar theoretical background, their

examinations start from the same questions and use a common methodology.

Reviewing the bibliography of nurse-patient interactions, we can face a lot of unanswered questions. One of these returning topics is the characteristics of counselling and the difficulties of its description; as Macleod Clark et al. sees, 'attempting to define communication skills, counselling skills and the process of counselling, is a minefield and opinions may vary considerably within the counselling discipline itself.' (Macleod Clark et al., 1991).

Another often examined area is what skills are needed for the nurses to do their counselling activities more effectively. These studies are usually about psychological skills needed for counselling. According to Warner's general statement, 'nurses may not counselling in a formal sense, but nursing work can require the use of advanced communication and counselling skills.' (Warner, 2006). A question that appears in the related surveys is how the nurses use their counselling skills

in their everyday work. Soohbany thinks that 'there is hardly any concrete evidence to demonstrate how nurses use counselling skills as a part of their work' (Soohbany, 1999). Macleod Clark et al think 'counselling has nothing to do with disciplinary action, teaching, advice-giving or reassurance, although the term is frequently misused within the health service to cover all of these activities' (Macleod Clark et al., 1991).

The first step to answer the questions above might be analysing of the concept of counselling in the nursing activity. Identifying the attributes and characteristics of the concept may help the deeper understanding, thus it may contribute to solve the contradictions. With the method, it can be described what content is behind the concept while using it, so a common interpretation and adaptation becomes real.

This article gives a review of counselling in nursing using the evolutionary concept analysis method by Rodgers & Knafl (Rodgers & Knafl, 2000b).

Aim of the study

The aim of this study was to examine the concept of counselling within the context of the nursing discipline.

Study design

The nurse researchers use several, different philosophically based methods while analysing concepts. One of the most common is the Wilsonian method (Wilson, 1963), which was further improved by Walker & Avant ('the traditional way') (Walker & Avant, 1999), and another well used is the 'evolutionary' or 'non-traditional' approach by Rodgers & Knafl (Rodgers & Knafl, 2000a). The advantage of the evolutionary analysing method – which was used in this article – is the fact that it considers the changes in meaning and usage while examining the concepts. According to its basic hypothesis the usage and the meaning of the concepts are not constant, but it changes dynamically during the time. By analysing this development we can avoid the critic on the earlier approaches ('the traditional way', Walker & Avant, 1999), which says it considers concepts static, final and absolute and it ignored connections with other related concepts. The final aim of using the evolutionary method is not creating a definition, but the fact that 'with the clarification of the core attributes, it increases understanding of phenomena, produces a clearer description of

situations and promotes effective communication (Rodgers, 2000b). The workphases of the adaptation of the method are not independent activities but series of steps, effecting each other.

Methods of the study

The first step of the research was studying the available bibliographical data. At the beginning phase of searching for related literature, we defined the time limit of the survey, and the criterias for inclusion and exclusion of the sources. We also decided about the keywords for searching.

For the analysis, we used literature published between 1991 and 2006, and we chose only hungarian and english language results. Another obligation was that the result article must be available in full-text version in one of the languages above.

We reviewed CINAHL and SCIENCE DIRECT databases to search for literature. The keywords was 'counselling AND nursing OR nurse' and 'patient management', and we considered relevant those results which are appropriate in the criterias of inclusion and contained at least one of the search-words in their title or abstract. We decided to use 'patient management' for keyword because we use this term for some nursing counselling situations in Hungary. In the first phase of literature search, we identified 179 relevant articles according to the defined criterias.

From the results, by reviewing the abstracts, we excluded sources dealing with special groups of patients (e.g. counselling needs of immigrants), because they concentrate on the concept under special circumstances and our aim was to describe a more general usage. Those articles were also excluded which deal with the interaction of nurses with each other or other health care personnel, because our aim was to analyse the counselling between the nurse and the patient.

According to Rodgers & Knafl, the pattern of the analysis must be at least 20 % of the reviewed literature and this amount should be defined with randomized methods. To our actual work, by using a randomized inclusion technique (with MS SPSS 11.0 software), we defined 20 % of the reviewed literature, so 36 articles were used all together.

Considering the bibliographical data, we reviewed the included sources again. Notes were made about every article, which touched the mentioned topic. While analysing this reminders, we identified the repeated expressions and we used these later as categories.

Identification of surrogate terms and relevant uses of the concept

Dictionary meaning. As the first step of the analysing process, we reviewed the dictionary meaning of the words 'counsel' and 'counselling'. For this task, we used the Cambridge Advanced Learner's Dictionary and the Oxford Advanced Learner's Dictionary.

ORIGIN Latin *consilium* 'consultation, advice'
Counselling as a verb:

a. *counsel* [T] to give advice, especially on social or personal problems

b. *counselled, counselling; US counseled, counseling*

1. give advice to
2. give professional help and advice to (someone) to resolve personal or psychological problems.

3. recommend (a course of action).

Counselling as a noun:

a. *counsel*

1. advice, especially that given formally.
2. (pl. same) a barrister or other legal adviser conducting a case.
3. archaic consultation, especially to seek advice.

b. *counselling, US USUALLY counseling* [U] the job or process of listening to someone and giving them advice about their problems

c. *counselling* [U]

professional advice about a problem

d. *counseling*

1. advice; opinion or instruction given in directing the judgment or conduct of another
2. interchange of opinions as to future procedure; consultation; deliberation
3. professional guidance in resolving personal conflicts and emotional problems.

Based on the dictionary interpretation of counselling, the most frequent reference is *giving various advices*, and *professional/formal* marking is also a common point. *Personal factors* appears in more interpretations, mainly from the part of the person who needs counselling.

Thesauri. Searching for synonyms is an important step of the analysis because it helps to interpret the expression by showing the multiplicity in meaning. For this step, we used the online versions of Roget's New Millenium Thesaurus and Wordsmyth Dictionary – Thesaurus.

a. *counsel, -ing:* admonition, advice, advisement, caution, consideration, consultation, deliberation, direction,

forethought, information, instruction, kibitz, recommendation, steer, suggestion, tip, tip-off, warning, advisory, behavior modification (Roget's New Millenium Thesaurus)

b. *counsel:* advise, recommend, advocate (Wordsmyth Online Dictionary – Thesaurus)

Similarly to the dictionary meanings, the reference to 'advice' was a repeatedly occurring element when we reviewed the synonyms. It is interesting that the phrase 'behaviour change' also appears.

Counselling in the scientific literature

Definitions. In the later part of the examination, we reviewed the literature definitions of counselling, and the characteristics that can be identified actually while using the concept.

Counselling is... 'An interaction in which one person offers another person time, attention and respect, with the intention helping that person to explore, discover and clarify ways of living more resourcefully and toward greater well-being.' (British Association of Counselling, 1989)

The practice of professional counseling is application of mental health, psychological, or human development principles, through cognitive, affective, behavioral or systematic intervention strategies, that address wellness, personal growth, or career development, as well as pathology (American Counseling Association, 1997).

The nurse-patient interaction has a supportive-orientative characteristic. It is supportive as it helps to put out tensivity and search resources, to refind faith in cure, self-confidence and self-value (Helembai, 1993).

Counselling is... 'An interpersonal process, aimed at assisting the individual, „worried well or worried sick” in preventing and coping with life traumas and if necessary find meaning in the experience. It is a process which involves exploring feelings, leading to the patient/client discovering his/her own coping strategies.' (Soohbany, 1999).

Counselling can be described as a contact which a complements other therapies and supports patients with the help of explorative talks. This contact is temporary with changing time limits (Kopp, 2005). There is not a regular deal, so it can be used at any nurse-patient interaction.

In the actual usage of the concept of counselling, two basic trends can be identified in the scientific literature.

The main aim of *patient-centered approach of counselling* is 'to enable the client to identify and sort out his or her own problems. According to this trend, the counsellor is not an expert in other

people's problems but someone who enables or facilitates the problem-solving capacity of the other person' (Rogers, 1984). Putting the patient in the center may appear as a central element in articles about counselling (Nupponen, 1998; Harting et al., 2004), but there are some examples that practising nurses do not consider the patient-centered idea in every cases (Burnard & Morrison, 1991b). This approach can be seen in most of the definitions.

As opposed to this approach, there is the 'prescriptive' or 'advice-giving' counselling method. According to Macleod Clark et al., 'counselling has nothing to do with disciplinary action, teaching or advice-giving' (Macleod Clark et al., 1991); however, at the same time, during nursing activities there may be situations in which there is a reason to use the prescriptive approach (Burnard, 1991b). In Kettunen's survey published in 2000, analysing the counselling activities of nurses, both approaches were identified at the examination of interactions (Kettunen et al., 2000).

Identification of the attributes of the concept

Interactive. Counselling is a special interaction between the nurse and the client, which is based on cooperation (Nupponen, 1998) and through which there is a therapeutic communication between the personnels (French et al., 2002; Arranz et al., 2005; de Haes & Teunissen, 2005). From the point of clients, the significant elements of the process are the coordinated partnership between him- or herself and the counselling person, and a two-directional dialogue instead of a simple, one-way advice giving (Kettunen et al., 2000).

Individualized. During counselling, an interpersonal relationship develops between the client and the nurse, based on a professional helping method (Nupponen, 1998). Several authors emphasize the significance of an individual-centered helping that optimally can activate the person's previous knowledge and skills of that certain area (MacDonald, 1997; Fossum et al., 2004; Kettunen et al., 2006). From the point of individualized counselling, it is essential and inevitable to accept the client's personality without any doubts and to avoid sentencing.

Orientation. Generally speaking, counselling is a goal-oriented activity, of which the aim is to provide help to the client according to his/her actual needs. The nurse reaches this aim with the help of client-centered or prescriptive methods depending on the actual situation. Counselling is a two-directional activity, since successful help has a positive influence on the client's condition, and noticing the

result has an effect on the nurse, which can create the feeling of satisfaction and success.

Professional. In the relationship between the nurse and the client, the nurse's professional training and competence have a great role in providing help with a maximal effect. One of the common points of every counselling activity is keeping the rules of the starting a relationship (Nupponen, 1998). Several researches deal with nurse's skills that are necessary for counselling. Burnard says the minimal skills are listening and attending, using open questions, reflecting content and feelings, summarizing and checking for understanding (Burnard, 1991a). Arranz et al., in their Counselling Training Program say that effective communication (containing elements mentioned by Burnard), knowing self-regulatory and problem-solving techniques and emotional supporting skills are essential (Arranz et al., 2005). Other significant skills of nurses are adequate reaction to the patient's/client's psychological readiness and timing (Houlihan, 1999), theoretical and empirical knowledge and the ability to be effective (Laschinger & Tresolini, 1999). Soohbany says that nurses use the method of 'therapeutic use of self' in their counselling activities (Soohbany, 1999), which means the effective usage of the characteristics above.

Supportive. During his counselling activity, the nurse helps each individual client considering his actual needs. 'Counselling includes...providing anticipatory guidance, emotional support, crisis intervention and assistance with decision-making' (MacDonald, 1997). Providing emotional support is also the central topic of a Spanish research which measures the counselling skills of nurses (Arranz et al., 2005).

Antecedents of the concept of counselling in nursing

Personal factors. The individual-centered counselling is based on the client's actual needs. For most effective counselling, some personal factors are necessary from the part of both the nurse and the client. These are important because of developing interpersonal relationships and they have also a great influence on the final result. This factors are: a relationship based on common respect (de Haes & Teunissen, 2005), the nurse's positive attitude towards the client (Laitakari et al., 1997, Harting et al., 2004), empathy (Soohbany, 1999) and showing interest in the patient's problems (Kettunen, 2000). Besides, the client's actual mental and physical state greatly influences the option of methods and its working out. The main reasons for the client's

decreased cooperation is the lack of knowledge, motivation and the disability of working out (Burns, 1991). If we recognise them early enough and we plan according to the result, the effectivity of counselling can be increased.

Assessment of personal values, beliefs and perceptions. The previous measurement of the client's personal views, qualities and the attitude toward counselling is an essential element of the individualized activity (MacDonald, 1997). The counselling based on an effective measurement can optimally activate the client's previous knowledge, thus improving inclusion in the common aims and a bigger success (Fossum et al., 2004; Kettunen et al., 2006).

Assessment of cultural differencies. The literature does not touch the question, but this aspect can gain a bigger attention because of the demographic tendencies and globalization. The cultural differencies, with an effect on counselling, can be the subject of further examinations in the future.

Consequences of counselling in nursing

Intrapersonal, psychological advantages

Clarification of feelings, issues and life-world. The counselling process is always have a part of clarification, when the can help the person to clarify his/her feelings, needs or various aspects of their life-world (Öhlén et al., 2005). If the client can express his/her emotions and fears about his/her problem, we can greatly contribute to the successful coping. 'In the best case scenario, he/she will also be better equipped to deal with similar types of problems or concerns in the future' (Nupponen, 1998).

Provided hope and encouragement. The patient's hope and faith in the therapy and the successful curing are keywords of the result of the treatment. With the help of counselling, the nurse can give the clients hope by showing emotions and decreasing fears (Smail, 1993).

Feeling of comfort. As Smail says, 'to be listened to, to be regarded with care, to be included in trust – even if only briefly – are counselling acts of comfort, and are enormous value to those seeking help (Smail, 1993). In a study which explores issues of counselling in a cancer ward, one patient said: 'In other words the counselling has helped me to be trusting and to be capable of opening myself up to other people' (Öhlén et al., 2005).

Positive influences on health state

Behaviour change. The positive change in the client's health behaviour is described as an important opportunity of counselling activities by a lot of authors. Several researches are about positive correlation between nurse's counselling and behaviour change needed to prevent or treat certain illnesses, such as smoking-related disorders (Fossum et al., 2004) or problems with alcohol consumption (Sieck et al., 2004). In several articles, counselling is also among methods with a positive influence on health behaviour (Laitakari et al., 1997; Houlihan, 1999; Laschinger & Tresolini, 1999; de Haes & Teunissen, 2005).

Patient satisfaction, increasing knowledge and better decision-making. If the client can take part in making decisions about his health, he can accept the common aims at a bigger rate, and in this way, the cooperation increases (French et al., 2002; Brown et al., 2004). In the increase of cooperation and the skill of making decisions about health, the better understanding of the actual problem has a great role (Öhlén et al., 2005). The goal of counselling is to empower individuals to make fully informed choices regarding health care practices (MacDonald, 1997). Several surveys examined and showed positive correlation between counselling and coping with the actual problem (Curtis & Kibler, 1990; MacDonald, 1997; Houlihan, 1999; Harting et al., 2004). In Curtis & Kibler's case study, the clients told about the decrease of their tension after having counselling session with a nurse (Curtis & Kibler, 1990).

Health enhancement. Health care professionals are a professional source of health information, and their attitudes and counselling practices can have an important impact on the health habits of their clients (Kettunen et al., 2006). Also, several authors write about positive changes in the client's health state thanks to the effective counselling activity. They examine preventive activities, such as changes in lifestyle (Laitakari et al., 1997; Kettunen et al., 2006), and some studies report direct effects on health, like moderate weight loss (McTigue et al., 2003), increased survival ratio of older adults with COPD after receiving smoking-related counselling (Brown et al., 2004), and decreased prevalence of postpartum emotional distress (Gamble et al., 2002). There are also evidences that the nurse's counselling is an important factor in improving quality of life for patients suffering from chronic diseases like epilepsy (Helde et al., 2005). In an israeli study about counselling regarding medica-

tion therapy and its effect on hospital readmissions, patient's knowledge and coping, positive correlation was found (Toren et al., 2005).

Identification of related concepts

In this period of the study, we have identified the related concepts of counselling. As we have already mentioned, several concepts are used in the literature about the counselling activity. One of these concept is therapeutic communication. It can be identified as a special form of communication, to reach a goal connected to the person's health or related decisions (Bowles et al., 2001; French et al., 2002; Arranz et al., 2005; de Haes & Teunissen, 2005; Tveiten et al., 2006).

The concept of psychological counselling is usually mentioned in cases at the border of health and illness. Also in this case, understanding the problem, and decrease of tensions is possible, which can lead to a better health status. Its tool is especially the 'understanding talking', but it can mean more direct suggestions and advices as well (Kopp, 2005).

The nurse's counselling, because of its helping characteristic, is similar to helping relationship. The helping relationship can be defined as 'the medium which is offered to people in trouble through which they are given the opportunity to make choices both about taking help and the use they will make of it' (Keith-Lucas, 1972).

Some concepts, such as empowerment (MacDonald, 1997; Roberts, 1998; Toren et al., 2005; Kettunen et al., 2006), support (Soohbany, 1999; Fossum et al., 2004; Öhlén et al., 2005) and patient education (Helde et al., 2005) can be identified as expressions connected to the counselling activity and its potential influences.

Identify a model 'real case' of the concept

Identifying an exemplar for the examined concept in some form is a common part of the concept analyzing techniques. The purpose of an exemplar is to provide a practical demonstration of the concept in a relevant context (Rodgers, 2000b). Illustrating the characteristics in an appropriate context can enhance the clarity and effective application of a concept. According to Rodgers, the exemplars should be identified in the literature, (or in field observations as an alternative) rather than constructed.

Our literature base does not contained an appropriate exemplar for the concept of counselling in nursing. This could be because most of the

literatures concentrate only to some of the attributes of counselling. There is also a possibility that the literature does not contain an exemplar because counselling is a well-known and frequently used concept, and because of the contradictions in the usage (page 1), the authors use this concept for various situations.

The following exemplar was collected by one of the authors (L.P.) with field observation in a psychiatric rehabilitation ward.

*A patient reports her anxiety and discomfort to the nurse. Her doctor ordered an anxiolytic drug for this case, if necessary. The nurse asks the client if she would like to talk about the causes of her problem which lead her to ask for medication. With this, the nurse offers his **support** to the patient. The patient says „yes”, and they are going to sit down to one of the benches in the garden of the ward, where the patient can talk about her problems without disturbance. The nurse's action creates the optimal conditions for the patient –nurse **interaction**. During the conversation, the nurse uses his **professional** interacting skills to make this contact effective. With listening to the patient's problems and clarification her feelings about them, the nurse provides **individualized** support to the patient. The nurse uses the client-centered approach during the conversation, because he do not give direct advices to solve the patient's problems but with clarification of her feelings and thoughts about it, he mobilizes the client's personal resources for dealing with the problem. After the interaction, the patient reports reduced stress level and anxiety, and do not asks for medication.*

Discussion

Limitations of the study. The evolutionary process adds rigor and scholarliness to the process of concept analysis (Rodgers, 2000b). However, during the usage of the method it can happen that significant sources are excluded during the sampling process, which can be interpreted as a limitation. Further limitation is narrowing the results into only english and hungarian language, since in this way sources in other languages get out of examination automatically.

The results of concepts analysis do not reveal precisely what the concept is or is not, or what is or is not an instance of the concept. Instead, results serve as a heuristic by providing the clarity necessary to create a foundation for further inquiry and development (Rodgers, 2000b). In our research, by analysing the concept of counselling, we named its attributes. If we would like to decrease the previ-

ously mentioned difficulties in using concepts, this work is only the first part of the process through which all related concepts is examined. Having only one result, it cannot be stated what differences are there between concepts like counselling or therapeutic communication, so the result of our actual examination can only be interpreted as a part-result of searching for larger cohesion.

Implications for nursing. Defining the concept of counselling is to be considered one of the part-tasks of a bigger analysing work, as we have already mentioned. However, in some aspects it answers on its own some emerging questions and asks for further questions that might be the topics of future examinations.

- In what way does counselling happen in the everyday nursing activity?
- What methods can be used to examine the nurse's counselling?
- What skills does the the nurse use during counselling activity? How does he/she achieve these skills?
- What similarities and differences can be found between nurse's counselling and activities done by people of other health professions?
- How can the effectiveness of counselling activity be increased? Does this activity influence the decrease of patients staying in the hospital and the increase of self-care?

In the literature, some references can be read about what specialities of counselling activity by

nurses can have (Soohbany, 1999). Now no upper level evidences are available which could prove these statements. The results of our study, the identification of attributes can be the starting point of other researches, which aim at getting these evidences about nurse's counselling activity.

By identifying the preconditions of counselling, it becomes possible for the nurse to maximize the effectiveness of his/her activity and to establish a partnership-based relationship on a professional base with the patient. Considering the consequences some criteria were defined with which the effectiveness of counselling becomes ready to be examined.

Conclusion

In our research, we analysed the concept of counselling, by using Rodgers's evolutionary method. During the analysis, we identified five attributes of the concept, such as interactive, individualized, supportive, professional and orientation. The components and the preconditional factors such as personal factors and assessment of beliefs, values, cultural background might become the base of further studies, which aim to describe the counselling of nurses. Considering the consequences there is a possibility to measure the outcome of the activity. As a consequence, the results of our examination widen our present knowledge and they contribute to the development of the theoretical and practical bases of the profession, the quality of nursing activities and to increase the clients' satisfaction.

References:

- Arranz, P., Ulla, S.M., Ramos, J.L., del Rincón, C., López-Fando, T.:** Evaluation of a counseling training program for nursing staff. *Patient Education and Counseling* (2005), 56, pp 233-239.
- Ashmore, R., Banks, D.:** Student nurses' use of their interpersonal skills within clinical role-plays. *Nurse Education Today* (2004), 24, pp 20-29.
- Barna, T.K., Kanik, E.:** Effectiveness of communication in the blood transfusion ward. (A kommunikáció hatékonysága a vértranszfúziós osztály munkájában) *Kórház* (2000) 7(10), pp 35-37. (in hungarian)
- Bowl es, N., Mackintosh, C., Torn, A.:** Nurses' communication skills: an evaluation of the impact of solution-focused communication training. *Journal of Advanced Nursing* (2001) 36(3) pp 347-354.
- Brown, D.W., Croft, J.B., Schenck, A.P., Malarcher, A.M., Giles, W.H., Simpson, R.J.:** Inpatient smoking-cessation counselling and all-cause mortality among the elderly. *American Journal of Preventive Medicine* (2004), 26(2), pp 112-118.
- Burnard, P.:** Acquiring minimal counselling skills. *Nursing Standard* (1991), Vol.5, No.46, pp 37-39. Marked as 1991a.
- Burnard, P., Morrison, P.:** Client-centered counselling: a study of nurses's attitudes. *Nurse Education Today* (1991), 11, 104 – 109. Marked as 1991b.
- Burns, R.B.:** *Essential Psychology*. Kluwer Academic Publishers, 1991. pp 244-254.
- Curtis, T., Kibler, S.:** Counselling in cancer care. *Nursing Times* (1990), vol.86, No 51, pp 25-27.

- Fossum, B., Arbolerius, E., Bremberg, S.:** Evaluation of a counseling method for the prevention of child exposure to tobacco smoke: an example of client-centered communication. *Preventive Medicine* (2004) 38, pp 295-301.
- French, P., Ho, Y-Y., Lee, L-S.:** A delphi survey of evidence-based nursing priorities in Hong Kong. *Journal of Nursing Management* (2002), 10, pp 265-273.
- Gamble, J.A., Creedy, D.K., Webster, J., Moyle, W.:** A review of the literature on debriefing or non-directive counselling to prevent postpartum emotional distress. *Midwifery* (2002), 18, pp 72-79.
- de Haes, H., Teunissen, S.:** Communication in palliative care: a review of the recent literature. *Current Opinion in Oncology* (2005), 17, pp 345-350.
- Harting, J., van Assema, P., van der Molen, H.T., Ambergen, T., de Vries, N.K.:** Quality assessment of health counseling: performance of health advisors in cardiovascular prevention. *Patient Education and Counseling* (2004), 54, pp 107-118.
- Helde, G., Bovim, G., Brathen, G., Brodtkorb, E.:** A structured, nurse-led intervention program improves quality of life in patients with epilepsy: A randomized, controlled trial. *Epilepsy & Behavior* (2005) 7, pp 451-457.
- Helembai, K.:** (1993) Basics of nursing psychology (Az ápoláslélektan alapkérdései), HIETE, Bp, 1993. (in hungarian)
- Helembai, K.:** „Our little traps.” Wrong stereotypes in patient management. („A mi kis csapdáink.” Hibás sztereotípiák a betegvezetésben *Nővér*(1997), 10, Vol.5, pp 3-7. (in hungarian)
- Houlihan, G.D.:** The evaluation of the „stages of change” model for use in counselling client’s undergoing predictive testing for Huntington’s disease. *Journal of Advanced Nursing* (1999), 29(5), pp 1137-1143.
- Keith-Lucas, A.:** The giving and taking help. Chapel Hill: University of North Carolina Press, 1972, pp 47.
- Kettunen, T., Poskiparta, M., Liimatainen, L.:** Communicator styles of hospital patients during nurse-patient counselling. *Patient Education and Counseling* (2000), 41, pp 161-180.
- Kettunen, T.:** Developing empowering health counseling measurement: Preliminary results. *Patient Education and Counseling*, 2006. doi:10.1016/j.pec.2005.12.012
- Kopp, M.:** (2005) Medical communication (Orvosi kommunikáció), Semmelweis, Bp, 2005. (in hungarian)
- Laitakari, J., Miilunpalo, S., Vuori, I.:** The process and methods of health counselling by primary health care personnel in Finland: a national survey. *Patient Education and Counseling* (1997) 30, pp 61-70.
- Laschinger, H.K.S., Tresolini, C.P.:** An exploratory study of nursing and medical students health promotion counselling self-efficacy. *Nurse Education Today* (1999), 19, pp 408-418.
- MacDonald, D.J.:** The Oncology Nurse’s Role in cancer risk assessment and counselling. *Seminars in Oncology Nursing*, Vol. 13, No.2 (May) 1997, pp 123-128.
- Macleod Clark, J., Hopper, L., Jesson, A.:** Progression to counselling. *Nursing Times* (1991), 87(8), pp 41-43.
- Nupponen, R.:** What is counseling all about – Basics in the counseling of health-related physical activity. *Patient Education and Counseling* (1998), 33, pp 61-67.
- Öhlén, J., Holm, A-K., Karlsson, B., Ahlberg, K.:** Evaluation of a counselling service in psychosocial cancer care. *European Journal of Oncology Nursing* (2005), 9, pp 64-73.
- Rodgers, B.L. & Knafl, K.A.:** (2000a) Introduction to concept development in nursing. In *Concept Development in Nursing: Foundations, Techniques and Applications*, 2nd ed. W.B. Saunders, Philadelphia, PA, pp 1-6.
- Rodgers, B.L.:** (2000b) Concept analysis: an evolutionary view. In: *Concept Development in Nursing: Foundations, Techniques and Applications*, 2nd ed. W.B. Saunders, Philadelphia, PA, pp 77-103.
- Rogers, C.:** Encounter groups. Workshop for Transcultural Communication. Hungarian Psychological Association, Szeged, 1984, pp 221-229.
- Sieck, C.J., Heirich, M., Major, C.:** Alcohol counseling as part of general wellness counseling. *Public Health Nursing* (2004), 21 (2), pp 137-143

Soohbany, M.S.: Counselling as part of the nursing fabric: where is the evidence? A phenomenological study using 'reflection on actions' as a tool for framing the 'lived counselling experiences of nurses'. Nurse Education Today, (1999), 19, 35-40.

Mc Tigue, K.M., Harris, R., Hemphill, B.: Screening and interventions for obesity in adults: Summary of the evidence for the US Preventive Services Task Force. Annual Journal of Internal Medicine (2003), 139, pp 933-949.

Toren, O., Kerzman, H., Koren, N., Baron-Epel, O.: Patient's knowledge regarding medication therapy and the association with health services utilization. European Journal of Cardiovascular Nursing (2005). doi: 10.1016/j.ejcnurse.2005.12.001.

Tveiten, S., Severinsson, E.: Communication – a core concept in client supervision by public health nurses. Journal of Nursing Management (2006), 14(3) pp 235-243.

Walker, L.O. & Avant, K.C.: (1995). Strategies for Theory Construction in Nursing. (3rd ed). Appleton and Lange, Norwalk, CT.

Warner, H.: Living with disability: Part 2 The child/family/nurse relationship. Paediatric Nursing (2006) 18(2), pp 38-43.

Wilson, J.: Thinking with Concepts. London, Cambridge University Press, 1969.

Complements to the Examination of Counselling in Nursing: an Evolutionary Concept Analysis

Papp László, RN, MSc(N) - Erdősi Erika, MSc - Helembai Kornélia, PhD, CSc
Szegedi Tudományegyetem, Egészségtudományi és Szociális Képzési Kar
Ápolási Tanszék
e-mail: papp@etszk.u-szeged.hu

Kulcsszavak: ápolás, betegvezetés, fejlődési elmélet, fogalomelemzés, interakció.

Összefoglalás

Cél: A kutatás célja a fejlődési elméleten alapuló módszer alkalmazásával elemezni az ápoló által végzett betegvezetés fogalmát, és megteremteni az egységes használat alapjait, valamint hozzájárulni a további kérdések megfogalmazásához a későbbi kutatások számára.

Elméleti háttér: A betegvezetés rendkívül lényeges az ápolás szempontjából, mivel az ápolási tevékenység sikerességét nagymértékben befolyásolja az ápoló-beteg interakciók sikeressége. A betegvezetés fogalma gyakran megjelenik a szakirodalomban, azonban a fogalom használata és jelentéstartalma nem egységes.

Módszer: Az ápolásban alkalmazott tanácsadás - fogalom leírása a fogalomelemzés evolúciós módszerével történt. A kritériumok bevonásával és kizárásával 179 cikk volt azonosítható, és ebből a véletlenszerű kiválasztás alapján 36 került feldolgozásra.

Eredmények: Megnevezésre kerültek a tanácsadás meghatározó előzményei, konzekvenciái és vonásai, így az interakció, az individualitás, az orientáció, a professzionalizmus és a támogatás.

Következtetés: A tanácsadás meghatározó jegyeinek a megnevezésével a fogalom egységes használatának az alapja teremtődik meg. Az eredmények további – oktatási, elméleti és gyakorlati - kutatási kérdések megfogalmazásához járulhatnak hozzá.
