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Margaret McAllister*

Lorraine Venturato[†]

Amy Johnston[‡]

Jennifer Rowe**

Marion Tower^{††}

Wendy Moyle^{‡‡}

*Griffith University, m.mcallister@griffith.edu.au

[†]Griffith University, l.venturato@griffith.edu.au

[‡]Griffith University, a.johnston@griffith.edu.au

**Griffith University, jennifer.rowe@griffith.edu.au

^{††}Griffith University, M.Tower@griffith.edu.au

^{‡‡}Griffith University, W.Moyle@griffith.edu.au

Solution Focused Teaching: A Transformative Approach to Teaching Nursing

Margaret McAllister, Lorraine Venturato, Amy Johnston, Jennifer Rowe, Marion Tower, and Wendy Moyle

Abstract

Nurses work in complex health care systems, which today are based not only on medical treatment and cure, but also on enabling individuals and strengthening communities. This paper describes a curriculum approach to teaching nursing in an Australian university which seeks to prepare students for this environment. Underpinned by transformative education principles, and termed Solution Focused Nursing, specific teaching and learning strategies are discussed. A goal is to cultivate critical thinkers and knowledge workers, that is, nurses who are not only able to work skillfully, strategically, and respectfully with clients, but who also demonstrate discernment, optimism, and vision about nursing and health care.

KEYWORDS: Critical thinking, Nursing education, Solution focus, Transformative learning

Many teachers of nursing would support the need to teach subjects that engage students, develop their sense of values and morality, and inspire them to be involved collectively and professionally with health and social affairs. Yet, there is increasing pressure on academics to give students both practical skills and simultaneously to deliver more and more content, usually by way of large lectures (Diekelmann & Smythe, 2004; Ironside, 2004). To continue to teach nursing using a transmission model, which evidence suggests unfortunately remains dominant (Ironside, 2004; Schaefer & Zygmunt, 2003), is to reduce the potential for teaching and learning. It limits the development of nursing skills and may not equip nursing students with the skills, confidence, and passion to be part of a much-needed strategy for change in our troubled health system.

Educators become caught in a tension between the need to convey content (increasing in both volume and complexity) with a desire to engage and ignite passion for nursing (Doane, 2002). We propose that nursing education can and should move beyond the technical act of conveying knowledge to a cultural act that teaches students about the nature of understanding and their role in making nursing knowledge, and that inspires them to work for professional and social change. Transformative learning and Solution Focused Nursing (SFN) are means to achieve this vision of nursing education.

TRANSFORMATIVE EDUCATION

A educational theory that supports this paradigm shift in teaching practice is *transformative learning*, a term first coined by Jack Mezirow in 1978 (Imel, 1998). Mezirow (2000) distinguished between *instrumental* and *communicative* teaching and learning. *Instrumental learning* focuses on technical control and task-centred problem-solving, and is concerned primarily with the content or process of a problem. In *communicative learning*, students strive to increase insight, and to identify and validate explanatory constructs that define the problem. This entails reflection through dialogue, an inherently communicative process. Ultimately, the educational aim is to produce transformation for learners. Mezirow explains it this way: “Transformations in habit of mind may be *epochal*, a sudden, dramatic, reorienting insight, or *incremental*, involving a progressive series of transformations in related points of view that culminate in a transformation in habit of mind.” (p.21).

As an educational practice, transformational learning is underpinned by critical social theory epistemology (Mezirow, 2000; Scott, 1997). This is the view that society remains unequal, divided along many lines. Support of a transformative social agenda requires a commitment to review social injustice and

change the status quo. As many people who are vulnerable by virtue of poverty, social circumstance, ethnicity, gender, or illness attest, it is not just extreme events that silence or oppress them. For them, inequality is experienced in everyday activities, experiences that are seemingly so mundane that they have become taken-for-granted and overlooked. For critical theorists, however, it is in these personal practices where power is used, and where change can and should occur.

Critical theorists are concerned with how dominating forms of power are learned, accepted, viewed as the norm, and reproduced. Even members of marginalized groups can accept the dominant way of doing things and thus, exacerbate their own alienation.

The practical application of critical theory is transformative education, teaching for social justice. Transformative educational practices use “forms of pedagogy that treat students as critical agents; make knowledge problematic; utilize critical and affirming dialogue; and make the case for struggling for a qualitatively better world for all people” (Giroux, 1988, p.127).

Explicit statements are made about the interests served by the transformative approach. A specific aim is to activate students to make a personal commitment to emancipation. Thus action is not simply informed; it is committed. Grundy (1987) calls this *praxis*, learning that leads to committed social action.

Transformative education is primarily concerned with sensitizing students to injustice, oppression, inequality, and domination, issues relevant to all health contexts. It seeks to build critical consciousness, collective identity, and strategies for change. It does not simply transmit values, beliefs, and solutions to students, but rather builds students’ knowledge of how nursing is shaped, constrained, or silenced by dominating models of traditional science, medicine, big business, the media, and even organisations within nursing itself. The goal is for students to develop thinking and communication skills to challenge the tendency of some health professionals to dominate, exclude, or disempower clients.

SOLUTION FOCUSED NURSING: TRANSFORMATIVE EDUCATION APPLIED TO NURSING

In the application of transformative education to nursing, some key issues and assumptions take prominence. First, nursing work is client-focused. Second, it is more than problem-oriented: nursing work involves working with and for

clients, so that health and wellbeing, meaning, and life adaptation are promoted. This perspective requires that nurse educators and clinicians move beyond a problem-oriented focus to a solution orientation.

In a solution orientation, problem solving is acknowledged as a critical part of nurse-client work. However, strengths are emphasized along with identification of problems. Nurses work with what is going right with an individual or group, and seek to maximize those potentials by building on strengths, achievements, and capacity (Jackson & McKergon, 2002; O'Connell, 1998) within the context of the problem. Unlike a problem-oriented focus, a solution orientation does not simply identify and reveal difficulties, with the problem at the centre of thinking or the nurse-client interaction. The client and his/her strengths are central.

Solution Focused Nursing involves three phases: *joining*, *building*, and *extending*. In the *joining* phase, the nurse gets to know the person, rather than the illness, and uses collaborative, respectful strategies to assess the client. In the *building* phase, the nurse and the client engage in strategic, deliberate efforts to resolve problems and build capacity so the client can live in more health promoting ways. Roles of the nurse include being educative, supportive, and motivating. In the *extending* phase, the client has opportunities to apply newly learned health knowledge, social skills, and personal attributes to help him/her adapt to the health problem and make a successful transition to life, with the guidance and ongoing support of the nurse (McAllister, 2003).

Whilst this model for practice is itself transformative, teaching and learning SFN are assisted by incorporating the pedagogical principles of transformative education. These include: examining and revising social injustices that operate within health; remembering histories that shape nursing, client, and health identities; and inspiring students to become committed to actions (praxis) that move beyond reactive problem solving towards proactive solution-work.

A SOLUTION FOCUSED NURSING CURRICULUM

The Bachelor of Nursing degree offered at Griffith University in Australia is a three year program that uses an iterative process to help students develop as solution focused nurses. Three teaching approaches are emphasised in every course: teaching the skills of critical thinking; building a critical consciousness; and showing ways of being with clients in positive solution-oriented ways. These are elaborated on in Table 1.

Table 1

Teaching Solution Focused Nursing

Teach the skills of critical thinking by:

- Discussing discourses that constrain, obscure or mislead
- Identifying and replacing binary thinking with dialectics
- Using many ways of knowing and so reveal complexity
- Encouraging questioning, wondering and curiosity

Build a critical consciousness in students by:

- Revealing the strengths and limits of the dominant paradigm
- Exploring nursing's history and inviting students to imagine a new future
- Using creative activities to stimulate right-brained thinking
- Critiquing cultural representations of health and nursing

Show students ways of being with clients in solution-oriented ways by:

- Modelling strengths-focused interviewing
 - Modelling being educative without being controlling
 - Being creative about reflecting on practice (metaphors, imagery, role-plays)
 - Moving from problem-solving to solution-generating
 - Providing supported time to practice
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In the program, students learn about the healthy body, communication strategies, foundational science, and technical knowledge and skills. They are introduced to, and given guided time to practice in, a transformative orientation to health and society.

Communication Skills

The first year of the program emphasises nursing knowledge that is foundational as well as introducing the nurse's role in working with clients and understanding the healthy body. Beginning the program in this way offers an opportunity to teach ways of enacting a solution orientation with clients, regardless of dependency or need. As SFN aims to take a proactive stance with clients, maintenance of well-being and restoration of health are emphasised along with amelioration of illness.

Communication skills, like all other skills crucial to nursing, are learned in context so that students will understand their relevance in their development as

nurses. So, communication skills are taught in the context of when and where they are needed: primarily when assessing needs and strengths of clients, and in counselling, educating, supporting and motivating them to respond to their health needs within their life demands.

For example, health assessment provides a focus for students' learning, one that demonstrates the three phases. Two areas of content are embedded in the learning process. The first concerns foundational elements of communicating, namely establishing rapport, listening, asking questions, and exploring and building meaning (Stein-Parbury, 2005). Students engage in interactive exercises to develop their sensitivity and skill in being client and solution focused while building these foundational communication skills. The benefits of situating the client as active, not passive, are emphasized.

Health Assessment

Second, students engage in learning about health assessment, again foundational content for understanding and supporting client needs. The focus early in the program, when students do not have fundamental knowledge for bio-physical health assessment, is on psycho-social aspects of health assessment. They are introduced to a health literacy framework, where *literacy* refers to understanding a language, speaking it fluently, and communicating with others who speak that language. For clients, health literacy means understanding enacting, and communicating issues about their health, and having the motivation to engage in a healthier lifestyle (Nutbeam, 2000). Using this framework, students focus on, and practice their skills in two important areas, nutrition and physical activity. These resonate with people in everyday life, thus giving students a frame of reference that is familiar to them, and a strong launching base for building and extending.

This process involves joining with the client, using the first encounter as an opportunity to get to know the person, not just the problem. In the building phase, students conduct structured health assessment interviews. Through interviews, over several weeks, students learn to meet and establish rapport with clients in various health contexts. They learn how to listen to the client and assess their activities. The focus is on understanding a client's behaviours, knowledge, attitudes, motivations, and goals. Through modelling, and guided practice, students are encouraged to work in a way that emphasizes learning from the client and reflecting on the client's understanding, rather than judging the client on pre-determined criteria. In this course, learning is confined to two health building blocks, healthy eating and healthy physical activity. Students focus on their

process of learning and using these new skills to help clients in other activities, thereby transferring their skills to other contexts.

In accordance with the solution focused philosophy (Jackson & McKergon, 2002; O'Connell, 1998), teachers invite students to develop thinking skills and awareness of what might need to change in the health service by critically reflecting on 'taken-for-granted' practices about the assessment process. This encourages transfer of learning and social transformation. Following clinical experiences, students have reported that assessment generally occurs in a rushed atmosphere, and is dominated by the nurse's questioning, and an overwhelming preoccupation with the problem(s) (McAllister, Matarasso, Dixon, & Shepherd, 2004). Rather than allow students to absorb and adopt this practice unquestioningly, teachers ask them to critique before deciding to adopt or modify the practice. In this way, students become more mindful of own and others' actions, and the consequences of those actions, rather than simply serving the social order.

Solution Focus

Whilst the examples above emphasize the *joining* phase of solution focused nursing, the program also introduces skills relevant to the *building* phase of the therapeutic relationship. These are located in a course on psychosocial health and another on mental health. Specific questioning techniques such as scaling change, miracle questions, and exploring exceptions to problems, are explained and demonstrated (cf. McAllister, 2003; O'Connell, 1998). For example, in working with a client to set realistic goals for adaptation and recovery, the miracle question can be helpful. This question requires imagination, wherein the person is asked to look beyond the present state, and imagine what life might look like in one year. One such question is, "If I was able to transport you to another time and space, could you tell me what your life would look like without your present problems? What activities would you be involved in?" Thus, through reference to specific details, achievable goals can be determined and plans made to attain them.

A solution orientation recognises and works with what is going right with an individual or group so that strengths may be enhanced. To reinforce, this perspective, students are challenged to think imaginatively and develop resources that they could later use in their professional practice. One example is that used during the study of youth problems. Students are asked to devise strategies to promote positive attitudes and strong identities with clients who may be experiencing identity confusion and be at risk of self-harm and substance abuse.

They have suggested holding button-making and T-shirt painting classes with clients. The goal is for clients to identify positive labels for themselves and their values to counteract the negative or stigmatising labels that diagnoses can sometimes suggest.

These processes and examples enhance and support the aim to work with strengths and facilitate resilience. Students learn other ways of engaging in SFN, such as encouraging new coping mechanisms, working with clients to make social connections that provide support and education, exploring exceptions to the problem, and introducing rituals to mark small signs of progress in order to offer meaning and hope.

LINKING FOUNDATIONAL SCIENCE KNOWLEDGE AND NURSING PRACTICE SKILLS

The way in which foundational knowledge and practice skill development are engaged and developed is a significant aspect of student learning. The Griffith program emphasizes health science knowledge so students can participate effectively in diagnostic and treatment procedures, and be knowledgeable about disorders, conditions, and pharmacological interventions. Four courses focus on anatomy, physiology, abnormality, and pharmacology. These provide content knowledge about what is possible and/or probable in any given medical context.

An important principle for engaging students in this subject matter comes from the socio-cultural theory of learning and the concept of the Zone of Proximal Development (Spouse, 1998; Vygotsky, 1962). This learning principle posits that students learn best when teachers take an active role in moving them from a place of comfort and knowing, to a place of cognitive dissonance and unknowing, within a climate of close social support and active instruction.

One way to implement this principle in teaching pathophysiology is to start with ideas that are familiar to students, such as themes from television advertisements, current affairs, or popular movies. For example, when learning about the pathophysiological processes involved in tobacco smoking, students are shown a television campaign called the Quit program that features a young girl inhaling cigarette smoke. When viewing this, in the context of a good grounding in 'healthy body' anatomy and physiology, students can explore from their own knowledge base, what effects smoking might have for the smoker. While most students know that smoking causes lung cancer, discussion includes its role in causing cancers of the breast and stomach, eye disease, and arteriosclerosis.

Moreover, the discussion helps them to understand the physiological basis of tobacco addiction and to explore (potentially with clients or each other) sensible and feasible strategies to restore healthy physiology. Because the anatomy and physiology is contextualized in both social and personal contexts, the ability to apply solution focused strategies is reinforced and the 'hard learning' is engaging and relevant.

Practice skill development is important in the joining phase of SFN, wherein nurses use sound health knowledge to assess needs, and the building phase when nurses work with clients to engage in treatment and recovery oriented strategies. Although most nursing programs include this content, a transformative curriculum makes explicit the relevance of this knowledge to practice. The teacher takes an active role in reminding students why this knowledge is being taught, how it may be conveyed to clients to enhance self-knowledge and treatment adherence, and why information and support are crucial in enacting personal and social change. In other words, the teacher transmits knowledge and encourages praxis.

To be solution focused, and work *with and for* clients, rather than on them, students must learn to value and move closer to a subjective stance, rather than to always privilege distance and objectivity. In a laboratory session, focusing on the admission process, students change into paper underwear, gown, and hat, and they wear an identification bracelet for the duration of the lesson. They are asked to reflect on the experience, drawing on the following questions, and to contribute to plenary discussion:

- What have I learned about myself and others in this situation?
- What broad issues has this exercise raised?
- What key words could I investigate in order to more deeply understand the theory underpinning these practices?
- How will this experience affect my future practice with clients?
- What do I need to do now to build on my learning so that I will be able to develop competence in these and other nursing practices?

Student comments about the experience are illuminating. "I never really thought of how humiliating it is to have to wear all this." said one. "I felt like I was a nobody. Here we are all dressed exactly the same; how would anyone tell us apart?" asked another. One felt angry about how "nurses just expect you to take your clothes off as if you're nothing." The students believed this experience motivated them to remember and value individuality.

A TRANSFORMATIVE ORIENTATION TO HEALTH AND SOCIETY

Solution Focused Nursing aims to activate students to become committed, engaged citizens and to recognize that nursing is not concerned with creating change only at the individual level, but also at social and cultural levels. Two social science courses provide opportunity for students to explore various perspectives of nursing and health care, and to develop critical literacy skills. Goals are for students to critically appraise discourses that have shaped healthcare over time, and to understand to what extent they have gained popularity or dominance within health care. Students learn that discourses are common, taken-for-granted ways of talking about the world and that the underlying assumptions are hidden and perhaps are no longer relevant (e.g. “doctor knows best” is an assumption underpinning a paternalistic discourse). Discourses shape and distort viewpoints; give power to dominant groups; and take away power from those in the margins. Students learn how to critically appraise discourses as a part of social action challenging the maintenance of the status quo in health care.

After students’ consciousness about the nature of discourses has been raised, they practice discourse analysis. For example, on a topic concerning youth health, students document representations of youth in television, magazines, and films. They identify common themes or patterns from their observations and from literature to critically reflect on how these images might influence perceptions and nursing practices. They learn, for example that there is a widespread pessimism conveyed within the media about youth. Giroux (2000) argues that media stories about the assets of youth are rare, with stories of youth violence predominant. This is a classic example of being problem-oriented. The implications for nursing are raised, such as how this negative discourse can lead others to discourage them from working with troubled youth. The teacher encourages students to recognize and counteract those stereotypes and be aware of practices and structures that work to disempower young people.

Then, the teacher refocuses students to be solution-oriented and helps them identify what can happen when a new lens is focused on youth. An example that could be used is a recent report (Aronowitz, 2005) that examined success stories of young people who had overcome risky situations and showed resilience. Not only do students learn about resources that can and should be offered to young people, but they hear stories illustrating that change is possible and the benefits of an optimistic stance. At the same time, students are encouraged to consider, through a process of critical reflection and awareness building activities, the assumptions, discourses, and stereotypes that shape their personal beliefs and

individual world, and that influence their identity as both students and future nurses. In this way, students consider the influence of dominant discourses on their own beliefs and practices, become mindful of the way these shape their world, and remain open to other possibilities and ways of understanding.

Skills that enable students to work at the cultural level to effect change are essential. The program includes research skills to help students reframe problems into research questions and plans to generate data to support change. Leadership and diplomacy skills are also addressed to support idealism. Such an approach focuses on developing an awareness of the political nature of the health care system and again relies on creating a sense of cognitive dissonance for students. This is achieved through exploring matters familiar to students as nursing issues and re-considering them through a socio-political lens. For example, the nursing shortage is reframed from being a nursing problem to one that reflects broader political and social issues. Consequently, solutions and potential are unlocked through recognition that a broad and varied approach is needed when addressing this challenge. Students suggest that such an approach leads away from seeking overly simplistic answers to complex problems, and gives permission to go beyond traditional nursing boundaries when seeking to enact change and influence health care service provision at a local or national level.

An example of an activity that has inspired students ready to exercise their imagination involves asking them to consider recent television and newspaper stories related to health care and to consider their application to nursing. They answer the following questions:

- What opinion is the story is expressing?
- Whose interests are represented in the story?
- Who is contributing? Whose voice is heard?
- Whose voices are not heard, and what might they be saying?
- In what ways can you see this to be of relevance to nursing?

Students reported that this activity reminds them to listen for the silence as well as the stronger voices, and to think about what agenda is being represented rather than considering information as value neutral. Importantly, students also recognize that nursing has often been silent on health care issues and that this could be perceived by other health care professions and the community as a lack of concern about important issues. Such silence also provoked a sense of outrage in students, who then reflected on why this might be; what nursing might have to say on the issue; and how nurses might go about raising their voice.

Table 2 illustrates the types of learning promoted when a transformative orientation to health and society is emphasized. These skills fit well with the political action framework and equip students to be astute and proactive professionals. Students also come to recognise that many of the skills that help them to become competent clinicians can be useful in giving them a voice in influencing workplace culture and practices.

Table 2

Cultural Development Work (adapted from Allan, 2003. p. 70-71)

Advocacy	Mediating and interceding for clients, only when the client seeks representation, and in an attempt to influence the behaviours of decision-makers.
Capacity building	Creating an enabling environment that empowers clinicians, carers and communities to engage in sustainable community development; providing staff and carer support, education, links and networks.
Activating groups	Facilitating change-oriented groups to link people in so that they can enjoy the positive effects of being part of a group, develop an outward, future-orientation, and influence decision makers themselves.
Public communication	Presenting at consumer, professional and national levels to disseminate insights, advance the discourse, challenge conventional thinking and develop alliances.
Elegant challenging	Questioning the actions and attitudes of others in tactful and constructive ways that allow people to save face and that avoid unnecessary hostilities and tensions.

CONCLUSION

Transformative educational strategies have practical relevance for nursing education and potential for social transformation. As Maxine Greene (1986) says, we need to

... invent ways of freeing people to feel and express indignation, to break through the opaqueness, to refuse the silences. We need to

teach in such a way as to arouse passion now and then; we need a new camaraderie, a new en masse. These are dark and shadowed times, and we need to live them, standing before one another, open to the world. (p. 331).

Transformative teaching and learning through Solution Focused Nursing is one way of achieving this.

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