

Using solution-focused communication to support patients

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Summary

Nurses want to help patients; it is one of their main roles and a key source of job satisfaction. However, finding the time despite low staffing levels and a heavy workload is a constant challenge. This article provides an overview of solution-focused communication – an approach valued by an increasing number of nurses because of its brevity and effectiveness in empowering patients to find the solutions that will help them to deal with their health challenges.

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HEALTHCARE PROFESSIONALS do not have the time or ability to solve all their patients' problems, and yet they still want to make a meaningful contribution to patients' lives. Professionally and culturally nurses may feel that they have to fix everything, but some problems cannot be fixed, particularly for patients who live with debilitating long-term conditions. This can cause stress, disillusionment and burnout in some healthcare professionals (Gustavsson *et al* 2010). Patients' creativity, resilience and resourcefulness may also be underestimated.

Patients can and want to share the responsibility for finding solutions to living with their health problems. As healthcare professionals support them in this task, they can show respect for patients' perceptions of what will help them and their ability to

discover unique coping strategies that can enhance quality of life.

Visualising a positive future in which patients are more in control despite their illness fosters hope, an essential element in the life of every human being (Reiter 2010). Solution-focused communication provides a framework that enables nurses to help patients to achieve these aims even within time constraints. This article highlights several solution-focused conversations from clinical practice that can empower patients to find solutions to cope with their health challenges.

Defining solutions

Finding a solution is not simply a process of thinking oneself better, happier, healthier or more content. It can be about changing one's perceptions and self-belief, or it may involve accommodating change by finding ways to achieve a more fulfilling and satisfying life, based on the patient's values and priorities and by setting more realistic goals, as in Conversation 1.

CONVERSATION 1

- Patient:** I just can't face another day of this chemotherapy. If only my husband were here, but Alex died last year.
- Nurse:** I'm really sorry to hear that. If Alex were here, how might that help?
- Patient:** He'd be saying, 'Come on Ellie, you're a fighter. You can do this.'
- Nurse:** It sounds like you are quite a determined person.
- Patient:** Well, my family do say that I can be stubborn at times!
- Nurse:** How might that fighting spirit of yours help you with the chemotherapy today?

This short conversation did not change the patient's problems – the chemotherapy and the absence of her husband – but the collaboration between nurse and patient enabled the patient to re-connect with her emotional resources.

She felt empowered to control the effect of the chemotherapy on her psychological wellbeing instead of feeling defeated by it. The side effects of the chemotherapy were unchanged, but she was in a much better position to cope with them. For the nurse, a potentially stressful conversation had turned into a positive and meaningful one.

The process of finding solutions does not make the assumption that a detailed understanding of the problem is necessary for the patient to experience any improvement. It also differs from traditional problem solving, which is at the centre of most contemporary nursing and other healthcare practice.

Problem solving is an either-or approach: either the problem is solved or it is not. Solutions can help individuals to co-exist with their problems: it is possible to both acknowledge the problem and find ways to deal with it.

Helping patients to find solutions

Solution-focused communication encompasses a straightforward approach that helps nurses to work with patients to empower them to achieve the best possible quality of life within the constraints of their condition. Through a brief series of simple, but carefully constructed, evidence-based reflective questions, patients are able to identify what matters most to them in their particular circumstances and to devise creative ways to move closer to that goal.

Nurses can grasp the essentials of this approach with only brief training. Stevenson *et al* (2003) found as little as 20 hours of training is sufficient, while Hosany *et al* (2007) reported on a successful two-day training event for nurses. Boscart (2009) suggested that three hours of training is sufficient.

Focusing on solutions is consistent with nursing values (Webster 1990, Sandeman 1997), and nurses working in various specialties are adopting a solution-focused approach in their communication with patients (MacDonald 2007). The solution-focused approach was developed by de Shazer *et al* (1986) at the Brief Family Therapy Centre in the United States. With its origins in counselling one might associate the solution-focused approach with mental health nursing (Ferraz and Wellman 2008). However, this approach is also being adopted in cancer care (Neilson-Clayton and Brownlee 2002), emergency care (McAllister *et al* 2009), children's nursing (Carter 2007) and chronic care (Boscart 2009).

A solution-focused approach

A number of key areas or questions should make up the solution-focused approach. These are

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identified in Box 1 and are discussed in detail in the following text.

Identifying the problem The first step is to identify the patient's concerns as this enables healthcare professionals to provide the personalised care that inspires confidence and trust (Department of Health 2008) (Box 1). A solution-focused approach provides a framework to enable nurses to view a problem from the patient's perspective, rather than making assumptions about what the problem might be. Listening to patients' descriptions of their problems without trying to solve these is usually the most difficult part of this process for nurses. Open questions such as 'What's wrong?' or 'How do you see the problem?' can help patients begin to express what their illness or condition means to them, as in Conversation 2.

CONVERSATION 2

Nurse: What's wrong?

Patient: I'm not able to get around like I used to.

Nurse: How do you see the problem?

Patient: I can't go home until I can walk on my own.

Nurses who use a solution-focused approach recognise quickly that the nature of the problem is not always of primary importance. In most cases, it is the meaning the problem has for the patient that is the real challenge, not the physical condition that underlies it (Ellis 1994). Nurses often focus on solving physical problems; for example, in Conversation 2 it is the patient's impaired mobility. Further questioning enables the nurse to make a more holistic appraisal of the problem, and to discover that the patient's main concern is actually a desire to go home.

The purpose of this solution-focused approach is not to deny the existence of an underlying physical problem, but to recognise the effect of that problem on the individual. Once the patient has identified the problem, the healthcare professional can then ask what might

BOX 1

Key questions comprising the solution-focused approach to communication

- ▶ What is the problem?
- ▶ What would your life be like if you didn't have this problem?
- ▶ How would that help you?
- ▶ Has any small part of this happened already?
- ▶ How did you make that happen?
- ▶ On a scale of zero to ten, where are you now?
- ▶ How did you get there?

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help, but ultimately it is the patient who determines the solution. Often patients do not have a clear answer to that question and are only aware of the apparently insurmountable nature of the problem.

Identifying how life would be in the absence of the problem At this point, the only way forward may seem to be a lengthy and emotional discussion about the problem. However, as Bowles *et al* (2001) pointed out, this is not necessarily achievable in today's healthcare setting in which demands on nurses are high, time is limited and staffing levels are low (Healthcare Commission 2007).

Rather than continuing to discuss the problem, a solution-focused approach involves the nurse inviting the patient to imagine what life might be like if the problem did not exist. This is the first step in allowing the patient and nurse to discover together what it is that the patient really wants. This also helps to clarify the patient's unique goals and priorities so that solutions can be identified. Through this conversation, the nurse establishes a partnership with the patient in which the patient is in control (McAllister 2003). The patient is describing the future he or she wants, not one the nurse assumes the person might want. The patient is viewed as the expert, and focusing on his or her values and priorities enables healthcare professionals to deliver individualised care (Price 2004) as in Conversation 3.

CONVERSATION 3

Nurse: Suppose this problem was somehow gone; it doesn't matter how, some sort of amazing miracle. What would you notice that is different about yourself?

Patient: I would be out walking in the hills.

As patients describe their positive future scenario in definite terms, they are able to give a vivid description of how they would like their life to be despite their health challenges.

This same question can be asked in many ways, including the more formal 'miracle question' (MacDonald 2007): 'Suppose tonight, while you are asleep, a miracle happens, and these concerns are gone. You would not know about the miracle because you were sleeping. In the morning, when you wake up, what will tell you the miracle has happened?'

Identifying how this change might help Asking the patient, 'What difference would being out walking in the hills make?' enables the person to add greater detail and depth to his or her hopes

for the future. For example, he or she might describe the enjoyment he or she gets from being out in the fresh air. Asking patients what other people will notice once this change has taken place also helps individuals to clarify their mental picture of a positive future scenario. Supplementary questions can be used, such as: 'What else would you notice?', 'What would other people notice that is different?' and 'How would they know that?', as in Conversation 4.

CONVERSATION 4

Nurse: What difference would that make?

Patient: I would feel more independent.

Nurse: What would your wife notice that was different?

Patient: I would smile more often.

Identifying whether any change has happened already Questions about whether some change has been achieved allow patients to recognise that a small part of their positive scenario has already been happening, even though the underlying problem is continuing and despite the fact that a miracle has not occurred, as in Conversation 5.

CONVERSATION 5

Nurse: Thinking back over this week, has any small part of that happened already?

Patient: Yesterday I managed to walk back from the shower.

The intensity with which individuals experience even their worst problems varies over time. With a solution-focused approach, the patient's problems are not minimised or dismissed and the person is supported in using his or her problems as a means to find individualised solutions (Hawkes *et al* 1998). This involves patients finding new coping strategies or rediscovering strategies that have helped them in the past. In short, it is the patient who decides what is relevant, valuable, workable and motivating in terms of advancing towards their future positive scenario.

Identifying how change was achieved Rather than nurses perceiving themselves as experts and patients as the victims of circumstance, nurses want to enable patients to feel supported and empowered to care for themselves by identifying and developing their strengths and resources (Coulter and Ellins 2006). Additional questions can be used to reinforce the progress the patient has already made, such as: 'How did that come about?', 'How did you make that happen?' or 'How did you know to do that?', as in Conversation 6.

CONVERSATION 6

Nurse: How did you know that was the right thing to do?

Patient: I've always been really determined. I think you have to be.

Nurse: I can see that. Well done.

Patients are often surprised to discover that they have already achieved some elements of their goal. Enabling individuals to see that some of the things they have just described are already occurring can be extremely motivating. Often this is the first time they have realised that some positive things are happening, let alone that they are responsible for bringing them about. Occasionally, patients may observe that nothing has changed for them, that no small part of the miracle has happened yet. In these circumstances it is important that healthcare professionals accept the patient's position and do not try to persuade the person that some improvement has happened; nurses should simply accept patients' analysis of their situation and move on with the conversation. The nurse might respond, 'So nothing at all has happened so far. That sounds so hard. Not many people would manage to cope with that. How do you do it?', or 'How have you stopped yourself from giving up altogether?' This response gives the patient the opportunity to recognise and acknowledge the courage he or she has shown during difficult circumstances. Whether it involves a change in patients' circumstances or in their ability to tap into their resilience and resourcefulness to cope better, either can result in an improved quality of life. The patient is worthy of congratulation for managing to get through difficult times despite the challenges encountered.

Identifying how far the patient has come

Creating a positive future scenario is only one of the techniques involved in a solution-focused approach. Another technique involves the use of scaling questions, which scale the solution, not the problem, as in Conversation 7.

CONVERSATION 7

Nurse: On a scale of zero to ten, where zero is the worst things have been and ten is how you would expect life to be normally, where are you today?

Patient: I'm not exactly climbing mountains yet, but I'm not bed-bound either. I'd say about a three.

There is no 'correct' score; this is a technique for enabling patients to describe where they are on a continuum between a good and bad place. Whether the patient describes his or her position as one, two or four, he or she has achieved

something important and valuable just by getting to that point. Furthermore, the patient has done it using his or her unique strengths and resources.

Scaling can be used as a snapshot of where patients are at a given moment and a stepping stone towards where they would like to be. If patients report that they are still at zero, nurses can simply reflect that they are at rock bottom, and enquire how they will know when they have reached half a point higher. Asking questions like "What would make things just a little bit better, today?" can help focus the conversation on the patient's perspective rather than the nurse's solutions. This enables the patient to focus on small, achievable goals, a strategy known to foster hope and to give a sense of control (Duggleby and Wright 2004).

Identifying how the patient achieved progress

Healthcare professionals can ask the patient, 'What did you do to get to that point?', 'How did you know that was the right thing to do?' By asking questions of this nature, patients are reassured that they are doing the right things, and are encouraged subtly to do more of the same, as in Conversation 8.

CONVERSATION 8

Nurse: How did you manage that?

Patient: I decided to ask the nurse to walk next to me with the wheelchair in case, but I actually made it all the way.

Given a choice between feeling good about themselves or feeling bad, most people will choose to feel good. The solution-focused approach gives people that choice because the solutions are generated by the patients themselves: nurses do not tell patients what the solutions are, they enable individuals to find their own solutions. Patients no longer accept a paternalistic approach to their care and do not want decisions to be made for or about them instead of with them (The Mid Staffordshire NHS Foundation Trust Inquiry 2010). As Richards and Coulter's (2007) patient survey confirmed, patients want to have a say in the choice of their treatment and to be treated as equal partners in decisions about their care.

Applying a solution-focused approach to clinical practice

Although there are specific techniques that can be learned, the solution-focused approach is a style of communication. It is like learning to speak a new language. It teaches healthcare professionals to focus on the positive in a way that enables patients to identify and 'own' the positive aspects of their life. A solution-focused

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approach helps nurses to work with patients in a way that helps patients to discover how to use their strengths again but in more creative ways.

Any communication framework is only of value if it works in practice, and several studies have put this to the test with positive results. For example, participants in the study by Bowles *et al* (2001) found that in solution-focused brief therapy training (a therapy that helps patients to identify what their lives would be like if they no longer had their health problem) increased their confidence and reduced anxiety and stress. Instead of being negative and problem-laden, participants' interactions with patients were positive and solution focused. Neilson-Clayton and Brownlee (2002) reported that the solution-focused approach is a respectful way to help patients affected by cancer cope with their challenges while also recognising and acknowledging their strengths. Nurses working in chronic care found that their training in solution-focused communication enabled them to shift their focus from problem-based to solution-focused strategies, enhancing their care through a less authoritarian and more patient-centred style of communication (Boscart 2009). Participants in the pilot study by Smith (2010) felt more confident and more positive in their communication with patients after a six-month training course in solution-focused communication.

One of the authors had a brief introduction to the solution-focused approach during her pre-registration training. Her experience is summarised in Box 2. She asked the patient to describe the problem as he saw it. Instead of focusing on the problem, he was encouraged to imagine life without it to identify one short-term goal that he felt would improve his quality of life. Asking this question gave some sense of control to the patient. As Neilson-Clayton and Brownlee (2002) suggested, even though the diagnosis cannot be changed, its effect on the patient's quality of life can be reduced if the individual continues to feel valued and respected, and is able to set small, achievable, meaningful goals that help him or her to have hope.

Conclusion

A solution-focused approach enables patients to feel more in control of their life because they have the ability to change their circumstances in ways that address their anxieties and needs. Solution-focused communication affords

BOX 2

Case study of a patient with an ileostomy

I was caring for a male patient who recently underwent bowel resection for the treatment of bowel cancer. Complications during the surgery necessitated an emergency ileostomy. The original incision was being treated with a vacuum pump because it was not healing and the ileostomy stump had retracted until the stoma was flush with the abdomen. As a result, fluid was continually seeping out of the stoma bags.

The surgeon offered to re-fashion the patient's ileostomy, but by then he had been to theatre on numerous occasions and refused further surgery. That morning, the patient was upset, and by lunchtime I had changed the dressing several times. 'It's hopeless,' he said to me, 'what is going to happen to me? Why did this have to happen to me? This will never get better.' I nearly replied, 'Oh, it will be ok...ermmm... isn't it a nice day outside?', or something equally cowardly before running away to do something else.

Instead, I paused momentarily and answered: 'What is it that makes you feel like it's hopeless, what is the worst thing that's happening just now for you?' The patient replied, 'Everything, I will never get used to this thing, it was never planned that I have a stoma.' I then said, 'I can see it's hard for you to accept this, but why don't we only think about what's happening today, let's think about what we could do to make it better for you right now; what would you like to happen today?' He replied, 'Just for the bag not to leak!' I then asked, 'Do you think you could cope better if the bags didn't leak?' He agreed.

I suggested that we set that as a goal and look at how we could make that happen. I re-adjusted the stoma bag and packed around it. It lasted for a couple of hours before leaking again. The patient was upset and said he felt things were hopeless and asked why the bag was leaking. I explained about the ileostomy stump, and reminded him that if he had the procedure, it might stop leaking. He became tearful, saying that he was too scared. Eventually he asked, 'OK, what will the procedure entail, will the doctor explain it to me?'

I had helped the patient to set a small goal that now seemed more manageable. He was no longer focusing on a whole future of problems, only this initial hurdle, one that he had the power to change. I also felt empowered by the experience and realised how easy it is to support patients to make their own decisions and to set achievable goals.

This positive experience boosted my confidence. Although I had received little training, I realised that a solution-focused approach could become second nature to me if I practised it enough.

patients dignity and respect as nurses consider patients' perspectives. It is the patient who decides what will help him or her to achieve the best possible quality of life. Even when it appears that nothing has changed, the

solution-focused approach can help patients to feel a greater sense of control and hope for the future.

This way of working empowers patients to use their strengths, resources and resilience more effectively to manage their health challenges. Following the key areas of the

solution-focused model of communication can help nurses to support patients more effectively at each stage of their illness.

The approach is designed to enable nurses to make a meaningful contribution to patients' wellbeing within the time and resource constraints common in the healthcare setting **NS**

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