## Chapitre 9 | Chapter 9

# Facilitating Contextual Literacy For Student Community Health Nurses: The Pamphlet Project[1]

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Communication is the foundation of nursing practice. If nurses are unable to communicate effectively with each other, with members of their health care team and, most importantly, with their patients, then health problems and solutions will not be understood and good nursing care cannot occur. As has recently been realized, the ability to communicate within specific cultural and historical situations (or contextual literacy) is a significant component of nursing communication.

Historical forces are changing the roles of nurses and requiring them to assume more responsibility for communication in medical contexts. Nurses have moved away from the role of silent handmaidens to doctors. Earlier in this century doctors ordered nursing care as basic as patients' baths, and nurses followed these orders (Keddy, Gillis, Jacobs, Burton and Rogers). Now nurses often provide care independent of doctors' orders. However, patients, particularly older people who remember that doctors used to be completely in charge, may refuse a change in nursing care. They may not be willing to switch from a sponge bath to a tub bath unless the historical perspective of doctors' and nurses' roles is explained to them and they are persuaded that nurses have the right to change some treatments.

Another role change occurred as nurses took an active role in health promotion, an approach that encourages people to take control of

their own health. Nurses in one British Columbia prison switched from being «pill pushers», a traditional nursing role, to being health promoters by teaching the inmates about healthy choices regarding smoking, diet, exercise and stress management (Gallagher and Beecher 96). In order for these nurses to gain the cooperation of their audience, the inmate-patients, the nurses had to explain that the profession has developed a more holistic and preventative understanding of health. Taking pills does not make people healthy, making wise choices about health does (Lalonde).

In recent years nursing has realized the impact that culture has on effective communication in nursing (Leininger). Culture is that often unconscious set of rules which helps us know how to act and how to interpret the behaviour of others in their social group. When cultural rules are broken people are not just uncomfortable (Stanhope and Lancaster 90), they may not even understand what was said or meant since the rules that interpret their values and beliefs have not been followed (Tuck and Harris 36).

Considering a patient's culture means considering how each patient is unique (Tuck and Harris 36) and acknowledging the cultural group that the patient belongs to. A cultural group may be an ethnic group or a group of people linked together for other socio-cultural reasons. In this time of frequent world travel and immigration, nurses must be able to work with more and more ethnic groups. In addition, nurses work with other groups such as the homeless. As a culture, homeless people have a set of rules which guide their behaviour. For example, homeless people live dangerous lives on the streets (Judd and Forgues 18). As a result they may view any fast moves as a threat and may react by striking out or running away. Therefore a nurse working with a homeless person needs to approach slowly, showing that she is safe to be with.

As culture has been acknowledged as such an important part of communication, nurses have developed methods of identifying the cultural factors which effect nursing communication. For instance, Giger and Davidhizar (199) point out that voice volume is important in some cultures. The Irish often raise their voices when talking. If a nurse believes that a loud voice is an angry voice, she will miss the true meaning of this communication. On the other hand, many Jewish people

use a low volume to communicate and would be offended by a loud nurse.

Similarly, how a person views time is important. Many cultures are present-oriented, that is they are concerned with what is happening now. Appalachian people consider the future unpredictable and the past irrelevant (Giger and Davidhizar 201). Some Arab social groups believe that planning ahead defies God's will (Stanhope and Lancaster 98). Canadian Indian people are also sometimes present-oriented believing that the right time will appear for each event in life (Burke, Kisilevsky and Maloney 9). In such cultures the nurse has to change her approach, especially to health teaching. Such classes are generally concerned with future events such as prenatal care. People who are present-oriented may not value future-directed health teaching and will not attend prenatal classes to learn about childbirth. In such cases the nurse must be prepared to teach about childbirth as it happens.

Since the 1960s nurses have based their practices upon a specific set of theories (Dickoff and James, Harrell 196, Jacox 10-11). These theories, drawn from nursing research and other disciplines, guide nurses in planning specific care for individuals. At the same time, nurses have had to develop communication techniques which seek to link their theories to the needs of specific audiences.

Nursing theories vary in their approaches. For instance, Orem's theory of nursing stresses individual responsibility for health care. Patients ought to be as responsible as possible for their own care (like bathing), and nurses should only give such care when the patient is unable to do so (George, 124-139). This theory would be useful in a seniors' home. Since these people are in their home, not in a hospital, they usually want to be as independent as possible. King, on the other hand, sees the focus of nursing as goal attainment, that is, together the nurse and patient set goals for the patient and work to meet them (George 235-257). This theory would be useful in a diabetic out-patient department where a patient comes wanting to learn how to give his/her own insulin. Together the nurse and patient would work towards the goal of the patient injecting his/her insulin.

Nursing frequently uses the developmental theorists, especially Piaget and Erikson. Piaget's description of how the ability to learn develops, especially in the childhood years, helps nurses teach at a level that people can understand. For instance, according to Piaget, children

under 12 have difficulty thinking in the abstract (Biehler and Snowman 64). Therefore, a nurse who wants to teach such children about the food groups (fruit, vegetables, meats, breads and grains) of Canada's Food Guide must be specific in her descriptions of how the food groups relate to meals favoured by children. If the nurse only tells the children how many slices of bread and how much meat are healthy to eat each day, the children will not realize that there is a limit to how many hamburgers they can eat. Many children are not able to independently reason that meat and bread make up a hamburger when they are considering their daily diets. In order for the children to fully understand Canada's Food Guide the nurse must explain it in concrete terms, pointing out what food groups are found in favourite meals such as hamburgers.

Erikson, on the other hand, described the individual's development as a social entity. His theory helps nurses know what is important to people of various ages. For instance, in adolescence, according to Erikson, people are concerned about their sexual identity (Biehler and Snowman 45). Using this information, the nurse knows that teenagers can benefit from health teaching and counselling about the mental and physical changes of puberty as well as from having someone to talk to regarding their concerns about the opposite sex.

Nurse educators are concerned with students' abilities to link these theories to the needs of specific audiences (our definition of contextual literacy). In the community health nursing course at Lakehead University a pamphlet project was implemented as an assignment to facilitate students' contextual literacy. Students in this course were in the fourth and final year of their Honours Bachelor of Science in Nursing (HBScN) programme. At this point in their education they understood the above theories and were expected to apply them in their work with patients.

The community health nursing course is an eight month course, including two weeks of practical experience during which students work with patients in one of a variety of community settings. For example, students may gain experience as public health nurses teaching and counselling new mothers. They may practice with occupational health nurses in industry teaching workplace safety to employees.

In their practical experience students were asked to create a health teaching pamphlet, directed to one client culture. The students

were guided by the teaching-learning process, a modification of the nursing process, and a problem solving method (Christensen and Kenney 191-193), in designing their pamphlets. The teaching-learning process helped students pull together all the variables needed to create successful pamphlets. In the initial assessment phase of the teaching-learning process students asked their patients what they wanted to know and why they needed that information. The students also assessed the patients' motivation around specific topics. For instance, in talking about smoking, the students might find that, although patients are interested in quitting, they are looking for the motivation to do so. Thus motivation could become an important part of such a pamphlet. Then the students considered the patients' cultural values and beliefs in planning the pamphlet. At this point they also might start thinking about what theories fit the pamphlet. Should they use Orem's theory of self-care, King's theory of goal attainment or did some other theory fit better? Patients' previous experiences were considered since this background coloured their perceptions. Someone who had been unsuccessful at quitting smoking using pamphlet instructions would probably not be interested in a similar pamphlet. Physical and mental readiness to learn were also assessed. Development theories, particularly Erikson and Piaget, were used in examining readiness.

All of the variables gathered in this assessment were then pulled together and analyzed. Students first priorized the variables and asked themselves questions such as—What is the most important information I need to consider in developing my pamphlet? Why is this information important? What information is least important and why? They asked themselves whether or not the theories worked with the variables of their clients and why this was so. Once all of the information was analyzed the pamphlets were designed. They were then tested on willing patients, co-workers, friends and relatives. Using the information from this pretest, the students fine-tuned the pamphlets and created the end product, a document which addressed the needs of a specific group of people in a particular social context.

The intent of the remainder of this paper is to illustrate the pamphlet project through an analysis of some of the students' projects. In addition, some of the rationale which explains these pamphlets will be included to demonstrate the theory-practice link which supports our version of contextual literacy.

The pamphlets progress from those designed for children through to one designed for adults. This method of organization allows the reader to examine a variety of age groups and consider how the students responded to different types of audiences and their literacy requirements. It is important to recognize that each age group represents a culture with its own beliefs, values and attitudes.

The development of the first pamphlet was sparked by the needs of two boys, ages 10 and 14. They both were paralysed from the waist down and had resulting bladder problems which required that they be catheterized a number of times each day. A nurse would go to the school to catheterize these children, and parents would do so at home. The boys had not been taught to perform their own catheterizations since their physicians and parents feared that they would not perform the technique correctly and become infected.

Two historical developments supported the creation of this pamphlet. First, it reflects recent legislative changes which led to the integration of most children in school. Previously students with special needs were segregated and did not attend public school. Secondly, it is important to recognize that not that long ago the independence of these boys would not have been an issue. Until recently health care practitioners «cared for» people rather than allowing people to assume responsibility for their own care. In particular, this was so for those who were not fully in charge of their lives, such as children. But now medical practitioners are encouraging their patients to assume control of their own health, and this change is reflected in the following pamphlet (fig.1) about self-catheterization.

My student correctly assessed, using developmental theories, that these boys had the mental and physical abilities to learn how to self-catheterize. Piaget (Biehler and Snowman 58-66) indicates that by 10 years of age children are beginning to understand the concept of cause and effect (63). Therefore, both of these boys would be able to realize that they could get infections or injure themselves if they did not self-catheterize correctly. Using Erikson's theories, the student also reasoned that the 10 year old would find self-catheterization an interesting task since he is at a stage where he is curious and likes to master new tasks.

**Figure 1**

*Self*
*Catheterization*
*in 5*
*Easy Steps.*

*A Clean Technique.*

Erikson also identifies learning tasks such as self-catheterization as important assignments for the 14 year old since he is physically maturing and needs to learn to look after his growing body himself (Biehler and Snowman 45). In addition, the student determined that young men of 10 and 14 have the emotional need to be more independent with bodily functions. Thus she also based her pamphlet on Orem's theory of self-care (George 124-139).

The student also used concepts of asepsis—a technique of cleanliness that helps prevent infections (Kozier, Erb, and Bufalino 308-309)—in explaining the steps of self-catheterization. She described asepsis in terms that the boys would understand: «Wash Hands» (Step 1); «Clean Opening» (Step 2). Anatomically correct illustrations and terms (Step 4; see fig. 2) were used to support the boys' learning.

**Figure 2**

1. *Wash hands*


It is important to wash your hands well before beginning the catheterization to prevent spreading germs.

2. *Clean Opening*

Men:
Using soap and water first clean the meatus (opening) and then wipe the surrounding tissue in a circular motion.

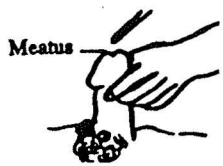
Women:
Using soap and water clean the urinary meatus (opening) from the meatus downward, once down the middle and again on either side. Clean from top to bottom and discard each swab after each wipe.

3. *Lubricate Tip*

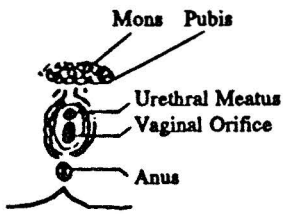

a.) Lubricate the tip of the catheter approximately 2-3 inches (5-7 cm) so that the catheter will enter easily.

b.) Place opposite end of the catheter in the urine container.

4. *Gently Insert Catheter*




Male: With the penis perpendicular to the body insert the catheter into the meatus approximately 8 inches (20 cm) or until urine flows.




Female: Insert the catheter into the meatus approximately 2 inches (5 cm) or until urine flows.
*if there is any type of resistance discontinue the procedure and notify the nurse.

5. *Remove and assess urine*

Let the bladder empty completely and gently remove the catheter.

Wash and dry the area.

Assess the amount, colour and odour of the urine.

In this section the student used Erikson's developmental theory, which indicates that childhood learning is done in preparation for adulthood and independence, to support closing the pamphlet with suggestions on when to call the doctor. At their current age, the boys would use this information in conjunction with their parents, but it is also information that these young men will need to learn in preparation for their lives as independent adults.

**Figure 3**

## 1. *Wash hands*


It is important to wash your hands well before beginning the catheterization to prevent spreading germs.

## 2. *Clean Opening*

Men:

Using soap and water first clean the meatus (opening) and then wipe the surrounding tissue in a circular motion.

Women:

Using soap and water clean the urinary meatus (opening) from the meatus downward, once down the middle and again on either side. Clean from top to bottom and discard each swab after each wipe.

## *When do I Call my doctor?*

You should notify your doctor or nurse if:

1.) You continually meet with resistance when you are inserting your catheter.

2.) If the urine is unusual in colour or has sediment or blood in it.

3.) If the urine is extremely foul smelling.

4.) If your urine output for the day is an unusual amount or if you are experiencing abdominal discomfort.

5.) If your temperature suddenly becomes elevated.

Your Doctor: _____

Telephone Number: _____

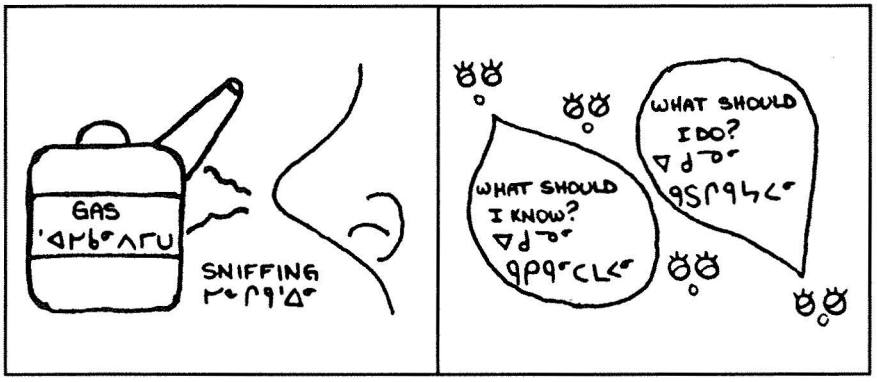
V.O.N. Nurse: _____

Telephone Number: _____

The teaching-learning process (Christensen and Kenney 191-193) was used by the student to guide her decisions in developing this pamphlet. She was able to synthesize information gleaned from theories and from working with a variety of health teaching materials. The layout of the pamphlet has a level of sophistication appropriate for 10 to 14 year old boys. It also shows the student's ability to compile material from many sources, a level of performance sought in the final year of the nursing degree programme. Subsequent pamphlets illustrate similar abilities.

Another student created the following pamphlet (see fig.4) in response to problems encountered on an isolated Indian reserve in northern Canada. Many of these reserves are characterized by poverty, violence and alcohol and drug addiction, especially among the young. The student designed the pamphlet to discourage gasoline sniffing by public school students.

**Figure 4**



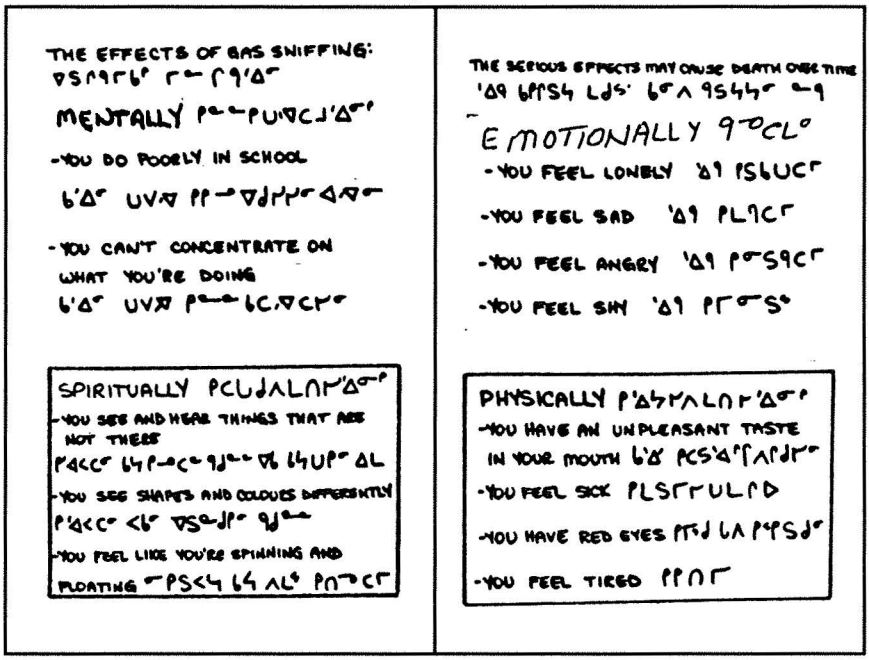

This pamphlet responds to a specific historical context. Over the past 200 years there have been many difficult changes in the native culture. As a result, substance abuse, often gasoline sniffing by adolescents and adults, has become a major problem (Shah 47). This student used Erikson's theory which states children need to learn specific information in preparation for the adult world. The children on this reserve needed to learn that gas sniffing is a dangerous, destructive habit in hopes that this knowledge would deter some of them from sniffing as they became older. However, the most exciting theoretical base for this pamphlet is the Medicine Wheel, a traditional framework once used by most South and North American native people (Bopp et al 9). As the native people of Northwestern Ontario move towards reclaiming responsibility for their own health and health care, they are resuming use of the Medicine Wheel.

The Medicine Wheel is used both to explain what is happening to a person, family, village or society and to suggest what can be done to correct problems. In fact, the Wheel is to the native culture what

theories are to nursing since it is used to analyze situations and look for ways to improve them.

The Wheel is like the circle of life: one part flows into the next; all parts are interconnected. The Wheel uses the four directions of mother earth—north, south, east and west—to remind us of our connection to her. These directions are assigned colours: north is white; south is yellow; east is red; and west is black. These colours represent the four races of the world, the four elements, and the four aspects of human nature. White or North is associated with caucasians, fire, and mental abilities; Yellow or South is associated with oriental peoples, air, and emotional qualities; Black or West is identified with negroid groups, water, and physical attributes; and Red or East is associated with the American natives, earth, and spiritual qualities (9-12). The Wheel reminds us that we are brothers and sisters, that we are connected to nature through the four elements, and that all aspects of our nature need to be kept in balance.[2] The Wheel pulls together all native beliefs and so is a powerful cultural tool.

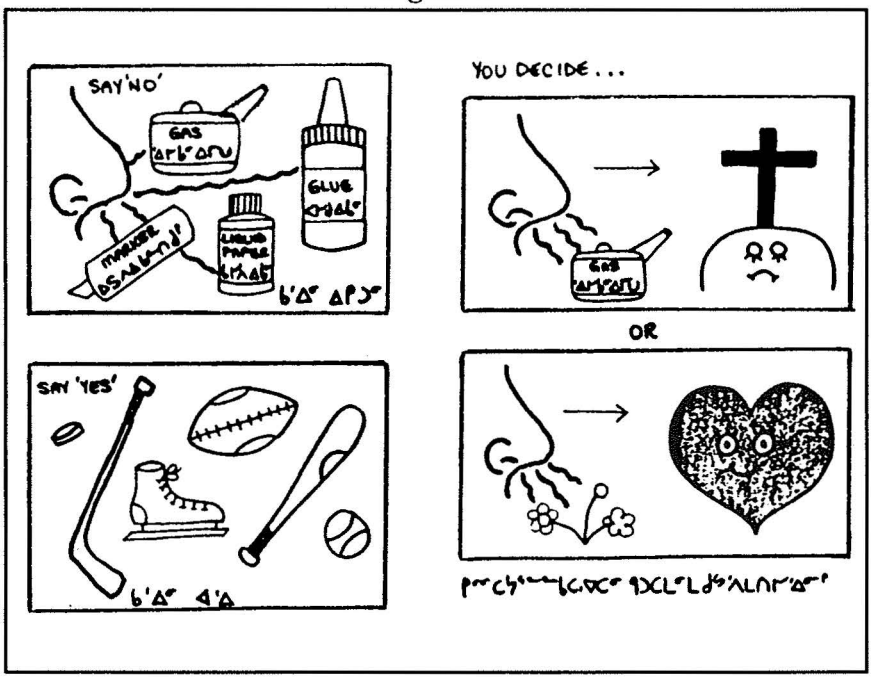
**Figure 5**



The student recognized that using this Wheel would help her pamphlet be more culturally appropriate and acceptable to native people. She used two concepts from the Medicine Wheel, the colours and the aspects of our nature, combining them to illustrate the effects of gasoline sniffing. The mental aspect is white, the emotional aspect yellow, the spiritual aspect red and the physical aspect black. Within appropriately coloured and labelled boxes she showed the effects of gasoline sniffing on each aspect of a person. The visual impact of the colours in this pamphlet is quite striking and also demonstrates this student's understanding of the appeal of colour, especially for children.

The student nurse responded to the culturally-determined learning styles of her young, native target population. She used culturally significant symbols both to acknowledge the value of these symbols and to respond to the limited reading skills of some of the younger children. In addition, she had the English text translated into Oji-Cree syllabics, the language of the people, to make this pamphlet even more culturally appropriate.

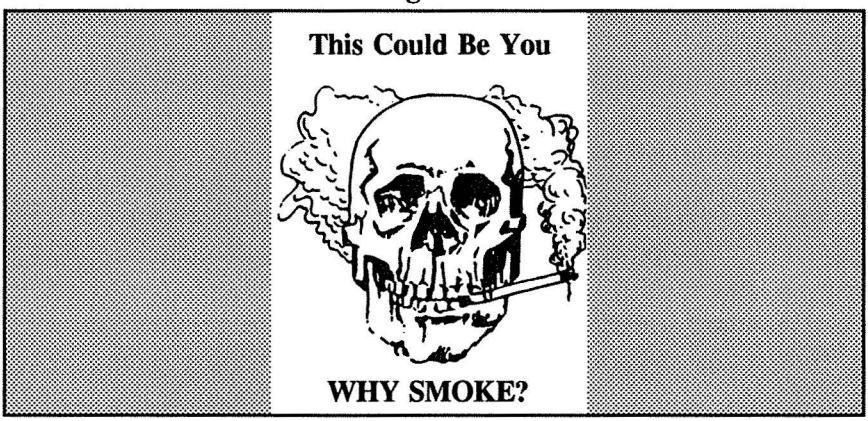
**Figure 6**



The next pamphlet was developed by a student placed at the Health Centre of Confederation College in Thunder Bay, Ontario. The students who attended the college, generally young adults, were her target population.

She developed her pamphlet in response to both historical and social contexts at the college and in the surrounding community. Recent health promotion work in Canada has caused smoking to become a major health issue (Epp 8). Consequently, the college had been declared a smoke-free environment, and many students were forced to confront their addiction to nicotine. In addition, she found local evidence that made her pamphlet even more persuasive and compelling. This student used Thunder Bay statistics (Kirk-Gardner and Crossman) that suggest that the city has an increased mortality rate due to heart disease linked to smoking, the focus of her pamphlet.

**Figure 7**




The student began her pamphlet with the statement «More and more research is showing that cigarette smoke is harmful to both smokers and non-smokers alike.» In doing so she appealed to the norms of the student and college culture. Students, by virtue of their education, can appreciate the support that research offers a pamphlet. This quotation established the pamphlet as one based in Orem's theory of self-care (George 124-139). The student was setting up her audience to start to take responsibility for their smoking by acknowledging how harmful smoking is.

**Figure 8**

*More and more research is showing that cigarette smoke is harmful to both smokers and non-smokers alike.*

**For Example, here is what is in cigarette smoke that can hurt you:**

1. Carbon Monoxide
2. Formaldehyde
3. Ammonia
4. Nitrous Oxide
5. Acrolein
6. Hydrogen Cyanide

These are all irritants.

**All these types of smoke are harmful:**

- Mainstream - inhaled directly from a pipe, cigar or cigarette smoker.
- Sidestream - Given off by burning tip of a cigarette pipe or cigar.
- Exhaled smoke - puffed out by the smoker.

**Figure 9**

**Factors Affecting Smoking**

The Five "A's"
University of Toronto
(Health News, 1986)

- ADVERTISING
  Billions of dollars are spent by industries to ensure tobacco is associated with glamour, sophistication and success.
- ADDICTION
  It creates a dependency since it is a drug. Incentives to quit comes only with serious tobacco related fitnesses. (e.g. heart attack)
- ACCEPTANCE
  It is a social past time, pleasurable, reduces tension and reduces weight gain.
- APATHY
  People ignore the risks "It will never happen to me"
- AWARENESS GAP
  Smokers - have limited knowledge

NB. most news papers don't advertise hazards of smoking.

In addition, she used a reference within the pamphlet, in the section on Factors Affecting Smoking, to further appeal to the norms of her student population. Again, because of their immersion in an

academic environment, these students appreciate the validity that referencing gives a work.

The student highlighted information about the issues of smoking throughout her pamphlet (Meenies 1143-1146, University of Toronto 1-3). She also used higher level language such as the actual chemical compounds and concepts such as the interaction of smoking with a series of complex disorders, to respond to the cultural norms of the student population.

**Figure 10**

*More and more research is showing that cigarette smoke is harmful to both smokers and non-smokers alike.*

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**All these types of smoke are harmful:**

- Mainstream - inhaled directly from a pipe, cigar or cigarette smoker.
- Sidestream - Given off by burning tip of a cigarette pipe or cigar.
- Exhaled smoke - puffed out by the smoker.

**Health Risks**

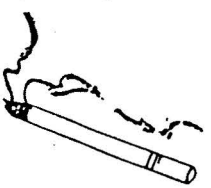
- Over 30.000 Canadians die every year from the effects of smoking
- Smoking and inhaling smoke can cause or aggravate a variety of lung problems (bronchitis, asthma attacks, pneumonis, and lung cancer.)
- Smoking is implicated in eight other cancers

1. Mouth 5. Pancreas
2. Throat 6.Cervix
3. Larynx 7. Bladder
4. Esophagus 8. Kidney

- Smoking can cause chest pain (anginal) because of increased heart rate and blood pressure: it's also been linked to heart desease.
- Smoke is an irritant: it irritates the eyes, throat, nose and mouth; it can lead tohoarseness, coughing, loss of appetite, and nausea.
- Smoke harms children and even before they're born: smoking has been linked to increased rate of still birth miscarriages and neonatal death.

**Smoking - A nuisance**

- Smoking causes stained teeth
- Smoking causes bloodshot and watery eyes
- Smoking causes odours to linger in your hair, clothes and breath
- Smoking diminishes your sense of smell
- Smoking diminishes your hearing abilities
- Smoking hinders job performance
- Smoking is becoming socially unacceptable



She concluded by putting the onus on the smokers. As Epp (7) advised in his historical document on health, she encouraged self-care, for only the smoker can quit smoking.

**Figure 11**

## What Can I Do?

- Quitting altogether is the best solution.
- If you can't do this tepering off is another way of cutting back.
- Maintain a healthy lifestyle by:
  - A Eating properly balanced meals
  - B Exercise
  - C Get enough sleep
  - D Reduce stress
- If all else fails

**Contact:**

- Your Community College - Health Centre
- Your Doctor
- Your Local Heart And Lung Association
- Your Local Cancer Society
- Your Local Health Unit

Confederation College

Ontario

Written by:
Nichols LUSN
Jan 22/90

In creating this pamphlet about smoking the student was supported by the teaching-learning process (Christensen and Kenney 191-

193). In addition, she sought further direction from the literature to create high impact for her message. She found that research over the past forty years showed that language shapes thought as well as conveying it and that word patterns and meanings define people's vision of the world (Beach 23). As a result, she used negatively valued concepts—i.e., over 30,000 Canadians die every year from smoking, and the fact that smoking stains teeth—to attempt to influence ideas about smoking. In addition, she sought clear and concise images to give her message impact. She used a smoking skull to transmit a strong visual signal.

The pamphlet project was an exciting one. It helped community health nursing students synthesize data and further develop the theory-practice link which supports contextual literacy. The students, excited with their learning, deemed the pamphlet project a success. A vote of confidence also came from the agencies where the students developed the pamphlets during their clinical experiences. These agencies adopted about half of the pamphlets as official agency literature.

## NOTES

1. The author gratefully acknowledges the assistance of her former students: Leslie Devereaux, Sue McLean, and Judy Nichols who developed the pamphlets used in this article. The author also thanks Marg Boone, her Director, for the suggestions which sparked the development of the pamphlet project.
2. In fact, the interconnectedness of this framework is reminiscent of King's nursing theory of goal attainment. No one walks alone; goals are only attained when working with others.