Chapter 2

ASPIRE – the problem-solving approach to care delivery

Why this chapter matters

If you had to cook for your family tonight, where would you start? If we assume that taking everyone for a curry or getting a pizza delivered is not an option, you will need to devise a plan to guide you. By being organised and planning ahead, you will be able to cook a nutritious, cost-effective, enjoyable meal for your guests.

First, you will have to think about the needs of the family, their likes and dislikes based on previous experiences and present preferences, whether they want to eat together or whether they are all demanding different meals at different times. You will also need to consider the resources that are available to you to help you deal with the task, such as how much money you have to spend, what foods are in season and whether you have the time to shop at the supermarket or high street. In other words a thorough assessment of the circumstances and situation would have to take place. Once this stage has been completed you will need to devise an action plan; this could involve choosing a recipe and identifying a list of ingredients, which will then guide the planning of a shopping list. A trip to the supermarket to buy the food and the final act of cooking and serving the meal would complete the implementation of your plan. However, it is not over yet; you may want to spend some time establishing how effective your approach has been in meeting the individualised needs of the family members. Perhaps you could ask questions about whether they have enjoyed the meal, or whether they feel full and satisfied. Part of this evaluation will probably involve you considering and making a mental note of the effectiveness of the approach in meeting the family’s needs; you might look at the plates to see if anything was left and maybe ask them if they have any suggestions for improvements. All of this information will be stored and used the next time you have to make a meal for the family, with the cycle of assessing, planning, implementing and evaluating starting all over again.
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This process offers a useful approach to anyone who finds themselves confronted with a problem that requires a solution. The example that we’ve looked at relates to your personal life, but the problem-solving approach is also crucial in your professional life when you are trying to help a patient deal with a health need. This chapter will therefore explore the problem-solving approach to care, and show how it relates to your everyday work.

By the end of this chapter you will be able to:
+ explain the theory and philosophy underpinning the problem-solving approach to care delivery;
+ list the six stages of ASPIRE;
+ list the key elements of the six stages of ASPIRE.

The nursing process

The process of assess, plan, implement and evaluate (which is abbreviated to APIE in the clinical area) was introduced to nursing by Yura and Walsh in 1967. It was called ‘The Nursing Process’, and it attempted to direct nursing practice away from intuition and ritual practice, in a hope that nurses would start to use a more structured systematic approach. In other words, rather than just doing things because ‘they’ve always been done that way’ or because ‘it seems a sensible thing to do’, nurses would start providing care that was based on the best evidence and on the individual needs of their patients.

The term ‘nursing process’ has come in for some criticism, because it suggests that only nurses carry out the process of APIE, but this is certainly not the case. As illustrated at the start of the chapter, the process can be used as a logically sequenced set of steps to deal with any problem and forms the basis of decision making in the working practice of many other professions. It is for this reason that we shall refer to the ‘problem-solving approach to care’. The four stages of the approach form the basis of the NMC competency standards for students that we explored in Chapter 1 (NMC 2010b). Consequently, demonstration of an ability to assess, plan, implement and evaluate in the clinical setting is what underpins many of the practice learning outcomes in current nurse education programmes. Whether you are a student or registered nurse, it is therefore vital that you are clear about what happens at each of the stages.

It is true to say that the original format of APIE has been modified and refined over the years and this chapter offers a user-friendly exploration of the stages to help direct your practice in the clinical setting. The descriptions are based on the ideas of APIE as described by Yura and Walsh (1988), but we have expanded the explanations and suggested extra stages within the process, which we have named ASPIRE. These changes and additions should help you understand the steps a little better and recognise how they can help you in practice.

ASPIRE

One of the weaknesses of the original nursing process is that only four stages are identified; this means that two elements of the problem-solving approach are missing. The first of these is systematic nursing diagnosis, which occurs between the assessment and planning
stages. It is a systematic process by which patients' problems are identified and a nursing diagnosis is made. The second missing element is what we call recheck. This is the process by which the nurse gathers and then documents the information that you need in order to evaluate whether the implementation of care is proving successful. It is about monitoring the patient's situation or condition as it changes (or not) following the implementation of the prescribed care. We also encourage the use of baselines which personalise and clarify the patient situation, and offer an explanation of what experienced practitioners do during the stage of evaluation to make the task more transparent and understandable for novice nurses.

We are not suggesting that the nursing process is wrong; we simply feel that important elements of a problem-solving approach have not been identified as clearly as they could be. To remedy this, we suggest that when using the problem-solving approach you make use of the stages of ASPIRE rather than APIE. ASPIRE consists of six stages in a cyclical pattern, as shown in Figure 2.1.

**Figure 2.1 ASPIRE**

**Assessment**

**Assessment or admission?**

At some point in your working day, particularly if you work in a hospital or nursing home, you will be asked to 'admit' a patient. It is important to say at this stage that assessment is not the same thing as admission. The terms are often used in the clinical setting to mean the same thing, but although they are related, they are in fact very different activities.

Admission is about introducing yourself to the patient and, if not nursing them in their own home, making them feel comfortable and welcome in their new environment. This includes dealing with any immediate needs they may have that you can deal with. This might involve helping them get changed, making sure they have a jug of water available, and showing them where they can find the call bell and toilets. You can start the assessment process by gathering very basic information such as name, age, date of birth, next of kin and even vital signs, but this is by no means all that assessment should involve.
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Assessment is a much more complex process than admission and therefore should only be undertaken by a registered nurse or by a student supervised by a registered nurse. The other thing that separates assessment from admission is when it is carried out. Admission tends to be a one-off process when you first meet the patient, whereas assessment carries on throughout your relationship with the patient.

What is assessment?

Assessment is not about listing problems; it is as much about finding out what the patient can do as it is about finding out what they cannot do. Assessment is a multi-stage procedure that produces a detailed representation of the patient. It should offer a true likeness of them as an individual, highlighting their needs (present and near future) and the resources they have available to deal with these needs. Insight into their usual routines and ways of dealing with their everyday life and problems should be included in the description.

A good detective never makes a decision as to who has committed the crime until they have gathered every possible detail from the scene and the individuals involved. If Sherlock Holmes identified the murderer without a thorough assessment, the risk of a criminal walking free or an arrest of an innocent person would be a real possibility. If a nurse fails to carry out a systematic, comprehensive assessment or relies on the patient’s diagnosis to list the problems, they may well identify the wrong problem or overlook a concern altogether.

STOP AND THINK

Read through the scenario for Suzy Clarke (see Appendix A).

What do you think about Suzy and her panic attacks? If the nurse had made a list of Suzy’s problems rather than conducting a detailed assessment, the fact that she is drinking large amounts of cola (which contains caffeine) might have been missed. One of the ways of dealing with Suzy’s panic attacks would be to help her develop strategies to cope with the experience, but the nurse would also need to advise Suzy about reducing her caffeine intake – because it can mimic the signs and symptoms of panic or make them worse. If a systematic, comprehensive assessment is not conducted, then the nurse may well identify the wrong problem or overlook a concern altogether, making the original situation much worse.

What should an assessment find out?

During an assessment, it is not appropriate to write ‘no problems’ in the description. Instead, a comprehensive assessment that offers an objective, accurate, detailed account of the individual and their life must be conducted. Think about a good Agatha Christie novel; all the information for identifying the crime and solving the murder is in the text of the book. In a thorough assessment, all the information for identifying the needs, planning, implementing and evaluating the care should be present in the description. Miss Marple’s ability to make sense of the information and solve the crime at the end of the book is very much dependent