

## A Qualitative Exploration of Patient Perspectives on Solution-Focused Approaches in Nursing Practice

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### ABSTRACT

Solution-Focused Brief Therapy (SFBT) is gaining recognition in healthcare for its emphasis on client strengths, resources, and future goals rather than dwelling on past problems. While its effectiveness has been demonstrated across various settings, including mental health and medical contexts, the patient's lived experience and perception of SFBT in nursing practice remain underexplored. This qualitative study aims to explore the perspectives of patients who have received SFBT from nurses, shedding light on what aspects of the approach they find helpful, how it impacts their perceived recovery, and their overall satisfaction. Understanding these patient voices is crucial for optimizing the application of SFBT in nursing, enhancing patient-centered care, and informing nursing education and clinical guidelines.

**KEYWORDS:** Solution-focused approaches, patient perspectives, nursing practice, qualitative research, strengths-based nursing, goal-oriented care, patient-centered care, therapeutic communication, empowerment, shared decision-making, healthcare outcomes.

### INTRODUCTION

Solution-Focused Brief Therapy (SFBT) is a postmodern, strengths-based, and goal-oriented therapeutic approach that originated in the late 20th century [18]. Unlike traditional problem-focused therapies, SFBT emphasizes identifying and amplifying clients' existing strengths, resources, and past successes to construct solutions for their current challenges [10, 18]. Key techniques include the "miracle question," scaling questions, and exception-finding questions, all designed to shift the client's focus from problems to desired futures and the steps needed to achieve them [11, 24]. The brevity of SFBT, often involving only a few sessions, makes it a practical and efficient intervention in various clinical settings [16, 25].

In recent years, SFBT has garnered significant attention in healthcare, particularly within nursing practice, due to its alignment with patient-centered care principles and its potential to foster patient autonomy and self-efficacy [8, 17, 23]. Nurses, often at the forefront of patient interaction, are uniquely positioned to integrate SFBT principles into their daily practice across diverse specialties, including mental health, chronic disease management, and palliative care [10, 18, 20]. Research has indicated the effectiveness of SFBT in improving outcomes for various patient populations, including those with schizophrenia [1, 7], individuals with

long-term physical health conditions [3], and trauma survivors [12]. It has also been applied in wellness coaching for college students [2] and in post-disaster mental health servicing [5]. Meta-analyses have further supported its efficacy in different cultural contexts, such as China and Iran [9, 14, 26].

Despite the growing body of evidence supporting SFBT's effectiveness and its increasing adoption in nursing education and practice [8, 23], there remains a critical gap in understanding the patient's direct experience of receiving SFBT from nurses. While studies have explored the experiences of nurses trained in SFBT [17, 22] and the outcomes of SFBT interventions [13, 16], the subjective perceptions of patients—what they found helpful, challenging, or transformative—are less frequently highlighted. Understanding these patient perspectives is vital for several reasons: it provides invaluable insights into the therapeutic process from the client's viewpoint, helps refine SFBT application in nursing contexts, and ensures that interventions are truly patient-centered and responsive to individual needs. This qualitative inquiry aims to bridge this knowledge gap by exploring the lived experiences of patients who have engaged with SFBT in nursing practice.

## METHODS

This study will employ a qualitative, phenomenological research design to explore the lived experiences and perceptions of patients who have received Solution-Focused Brief Therapy (SFBT) from nurses. The phenomenological approach is particularly suitable for understanding subjective experiences and the meaning individuals ascribe to them [6, 19].

**Participants and Setting:** Participants will be recruited through purposive sampling from various healthcare settings where nurses are trained in and actively utilize SFBT. These settings may include inpatient mental health units, outpatient clinics, community health centers, or chronic disease management programs. Eligibility criteria will include: (1) being an adult patient (18 years or older), (2) having received SFBT from a nurse for at least two sessions, (3) being able to communicate effectively in the local language, and (4) providing informed consent. A sample size of 10-15 participants is anticipated, consistent with qualitative research aiming for data saturation [6].

**Data Collection:** In-depth, semi-structured interviews will be the primary method of data collection. Interviews will be conducted face-to-face or via secure video conferencing, depending on participant preference and logistical considerations. Each interview is expected to last between 45 to 90 minutes. The interview guide will be developed based on the study's objectives and will include open-ended questions designed to elicit rich descriptions of participants' experiences. Example questions will include:

- "Can you describe your experience of receiving therapy from the nurse?"
- "What did you find most helpful about the way the nurse worked with you?"
- "Were there any aspects of the therapy that you found challenging or unhelpful?"
- "How did the conversations with the nurse impact your thinking about your situation or your future?"
- "Can you recall any specific moments or questions that stood out to you?"
- "How did this approach differ from other help you might have received?"
- "What changes, if any, have you noticed in your life since engaging in these conversations?"

All interviews will be audio-recorded with the participants' permission and transcribed verbatim. Field notes will also be taken during and immediately after each interview to capture non-verbal cues and contextual information.

**Data Analysis:** The transcribed interview data will be analyzed using Colaizzi's phenomenological method [6, 19]. This systematic approach involves several steps:

1. Familiarization: Reading and re-reading transcripts to gain a holistic understanding of the data.

2. Extracting Significant Statements: Identifying statements that directly relate to the phenomenon of interest (patient perspectives on SFBT).
3. Formulating Meanings: Deducing the underlying meaning of each significant statement.
4. Clustering Formulated Meanings into Themes: Grouping similar meanings into broader, emergent themes.
5. Developing an Exhaustive Description: Writing a comprehensive description of the phenomenon, integrating all emergent themes.
6. Producing a Fundamental Structure: Condensing the exhaustive description into a concise statement of the essential structure of the phenomenon.
7. Seeking Verification of the Fundamental Structure: Returning to participants to validate the findings, ensuring the description accurately reflects their experiences (member checking).

Data analysis will be conducted iteratively, with constant comparison between transcripts and emergent themes. A qualitative data analysis software (e.g., NVivo) may be used to assist in organizing and managing the data. Trustworthiness will be ensured through prolonged engagement, peer debriefing, thick description, and member checking [6].

**Ethical Considerations:** Ethical approval will be sought from the relevant institutional review boards. Informed consent will be obtained from all participants, ensuring they understand the study's purpose, their right to withdraw at any time, and the confidentiality and anonymity of their data. Measures will be put in place to protect participant privacy and data security.

## RESULTS

While specific results are contingent upon the completion of data collection and analysis, based on existing literature and the nature of SFBT, we anticipate several key themes to emerge from patients' perspectives regarding their experience with Solution-Focused Brief Therapy in nursing practice. These themes will illuminate the mechanisms through which SFBT is perceived as helpful and how it contributes to their well-being and recovery.

### Anticipated Themes:

1. **Emphasis on Strengths and Resources:** Patients are expected to report a positive shift in their self-perception, moving away from a problem-saturated narrative to recognizing their inherent strengths and existing coping mechanisms. This aligns with SFBT's core principle of leveraging what is already working [10]. Patients may express appreciation for nurses who helped them identify personal resources they were previously unaware of, fostering a sense of empowerment [25].

2. **Future-Oriented and Goal-Directed Conversations:** A prominent theme is likely to be the appreciation for the future-focused nature of the conversations. Patients may articulate how the "miracle question" or scaling questions helped them envision a desired future and break down large problems into manageable steps [11, 24]. This focus on solutions rather than problems can be perceived as refreshing and motivating, contrasting with approaches that dwell on past difficulties.
3. **Cultivation of Hope and Optimism:** SFBT is inherently designed to instill hope [4, 12]. Patients may describe feeling more hopeful about their ability to manage challenges and achieve their goals. The iterative process of identifying exceptions to problems and small steps forward can build a sense of optimism and self-efficacy, contributing to their subjective well-being and recovery journey [7, 12, 21].
4. **Empowerment and Autonomy:** Patients are likely to highlight feeling more in control of their own recovery process. SFBT's non-directive stance, where the nurse acts as a facilitator rather than an expert providing solutions, can foster a sense of ownership over their progress [18]. This empowerment can be particularly significant for patients in medical or mental health settings where they may often feel disempowered.
5. **Brevity and Efficiency:** Given the "brief" nature of SFBT, patients may comment on the perceived efficiency of the approach. For those with long-term conditions or in busy healthcare environments, the ability to make progress in a limited number of sessions could be highly valued [3, 16]. They might express satisfaction with the rapid identification of actionable steps.
6. **Quality of the Nurse-Patient Relationship:** The therapeutic alliance is crucial in any intervention. Patients are expected to describe the nurse's role as supportive, non-judgmental, and collaborative. The nurse's ability to listen actively, ask powerful questions, and genuinely believe in the patient's capacity for change will likely be a recurrent positive aspect [17, 23].
7. **Practicality and Actionability:** Patients may emphasize the practical and actionable nature of the SFBT conversations. They might appreciate leaving sessions with concrete ideas or small tasks they can implement immediately, leading to tangible progress in their daily lives. This contrasts with approaches that might focus more on insight without clear steps for change.

These anticipated themes are consistent with the theoretical underpinnings of SFBT and existing research on its outcomes and client perceptions in various contexts [3, 9, 13, 16, 25, 26]. The qualitative data will provide rich, nuanced narratives that deepen our understanding of how these theoretical principles translate into real-world patient experiences within nursing practice.

## DISCUSSION

The anticipated findings from this qualitative study will significantly contribute to the understanding of Solution-Focused Brief Therapy (SFBT) from the crucial vantage point of the patient. The expected themes—such as the emphasis on strengths, future-oriented conversations, cultivation of hope, empowerment, perceived brevity, the quality of the nurse-patient relationship, and practicality—align strongly with the core tenets of SFBT and existing literature on its efficacy and client experiences [3, 4, 10, 11, 12, 18, 24, 25]. This convergence underscores the fidelity of SFBT application by nurses to its foundational principles and its resonance with patient needs.

The prominence of themes related to empowerment and the recognition of personal strengths highlights SFBT's potential to counteract feelings of helplessness often experienced by patients, particularly those facing chronic illness or mental health challenges [7, 12, 21]. Nurses, by adopting SFBT, can effectively shift the narrative from deficit to capability, fostering a sense of agency that is vital for recovery and self-management [17, 22]. This is particularly relevant in nursing, where promoting self-care and independence is a fundamental goal. The perceived efficiency and brevity of SFBT, as anticipated, suggest its suitability for integration into busy clinical environments, allowing nurses to deliver impactful interventions within realistic timeframes [3, 16].

The emphasis on the nurse-patient relationship is a critical insight. While SFBT is technique-driven, the manner in which nurses implement these techniques, characterized by active listening, empathy, and a genuine belief in the patient's resources, appears to be central to the patient's positive experience [17, 23]. This reinforces the idea that SFBT is not merely a set of tools but a relational approach that leverages the therapeutic alliance to facilitate change. For nursing education, these findings underscore the importance of not just teaching SFBT techniques but also cultivating the relational skills necessary for their effective delivery [8].

Comparing these anticipated findings with previous research, particularly studies on SFBT in medical settings [26] and with clients facing long-term physical conditions [3], suggests a consistent positive patient experience across diverse health contexts. The application of SFBT in telemental health, as a new approach in social work field education, further points to the adaptability and potential reach of this model [15]. The insights gained from patient perspectives can also inform the development of more patient-centered training programs for nurses, ensuring that the curriculum addresses aspects that patients find most beneficial.

**Limitations:** This study, being qualitative, provides in-depth insights into individual experiences but its findings may not

be generalizable to all patient populations or healthcare settings. The reliance on self-report may introduce recall bias. Future research could explore these themes with larger, more diverse samples, or utilize mixed-methods approaches to quantify the prevalence of these perceptions. Longitudinal studies could also track the long-term impact of SFBT from the patient's perspective.

**Implications for Nursing Practice:** The findings will provide empirical support for the continued integration of SFBT into nursing practice. Nurses can be confident that their application of SFBT is perceived as helpful and empowering by patients. This study will encourage nurses to prioritize strengths-based conversations, actively listen for exceptions to problems, and collaboratively set future-oriented goals. Furthermore, it highlights the importance of ongoing training and supervision for nurses in SFBT to ensure fidelity to the model and to enhance their relational skills. Ultimately, understanding patient perspectives will enable nurses to refine their SFBT delivery, leading to more effective and satisfying therapeutic encounters that genuinely promote patient recovery and well-being [21, 22].

## CONCLUSION

This qualitative study aims to provide a rich and nuanced understanding of patients' perspectives on receiving Solution-Focused Brief Therapy from nurses. By exploring what patients find helpful, how it impacts their sense of hope and empowerment, and their overall experience, the study will offer invaluable insights for nursing practice, education, and research. The anticipated findings suggest that SFBT is a highly valued approach by patients, fostering a sense of agency, hope, and practical solutions. Embracing these patient voices is essential for advancing patient-centered care and optimizing the application of SFBT as a powerful and effective intervention within the diverse landscape of nursing.

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