

The Trajectory Model

The trajectory model is a nursing model that particularly considers the situation of people with chronic diseases. It has been developed by Juliet Corbin, a nurse and nursing scientist, and by the sociologist Anselm Strauss ("Corbin-Strauss-Model"). Concerning its application, it is based on empiric research which has been carried out over a period of approximately 30 years in terms of the "Grounded Theory". Among other things, the job-related praxis of nursing persons and their experiences in nursing of patients with different chronic diseases as well as the subsequent practical application of this model to these patients (for example cancer, cardiovascular diseases, HIV, Aids, diabetes mellitus, multiple sclerosis) was observed during these research projects.

The English term "trajectory" illustrates the course of a chronic disease in its different stages and phases. It is the description for a holistic, case accompanying nursing system with one permanent caregiver that includes the patient's biography (his life story) and his social field in chronic and very serious courses of the disease. The patient is seen as an active partner in health, prevention, disease and rehabilitation. Hereby the involved nursing person supports the patient in his independence, self-help and self-determination and helps to enable him to live an as much as possible "normal" life. She assists him to gain access to the resources of health- and social facility benefits, she offers a providing continuum and she accompanies him custodially during the whole case history. The model intends to transfer the Case Management into practice.

Chronic illnesses are serious diseases which could last the whole life of the concerned person. They affect the person's mental, emotional and social well-being. In many cases, they have a negative influence on the quality of life. The concerned person requires support of the health care system during the process of coping with the illness. In terms of the Trajectory Model (TM), a faithful building of a relation between the caring nursing person and the patient should be effected.

The nursing process within the TM considers these principles and is divided into five phases:

- Patient assessment in his family, establishing objectives (emphasized importance of the "caregivers", identification of problems and their aims for the nursing intervention (nursing treatment measure))
- Assessment of conditions that influence the treatment (circumstances which promote/hinder the realisation of the objectives)
- Definition of the intervention extent (wishes and possibilities with regard to the further life with the disease)
- Nursing intervention (always up-to-date and flexible; the nursing person must realise whether the patient's situation has changed and she must adapt these changes to the process)
- Evaluation of the effectiveness of nursing intervention (the nursing person develops the treatment strategy from the patient's point of view and adapts it to the current state of the disease)

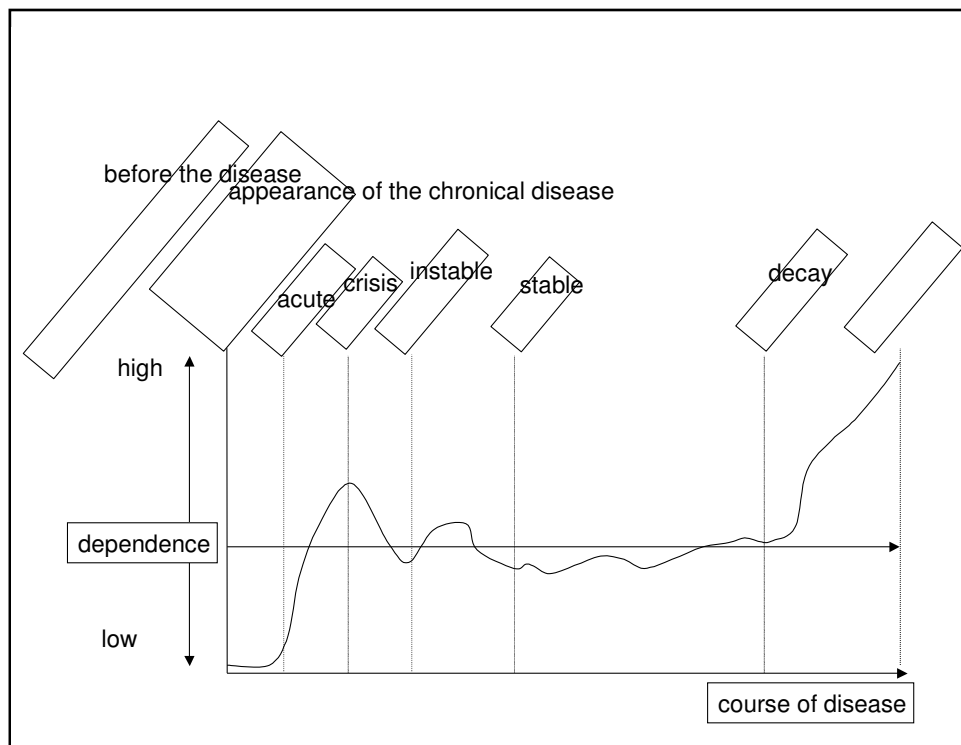
By observing all five phases the nursing person collects systematically any information which is important for the course of disease. A comprehensive assessment of the current situation and the necessary nursing measures involving the patient and his family is carried out. Hereby

a demand-oriented information and consultancy is effected by the nursing person. The evaluation of the situation must be updated regularly.

Strong fluctuations can especially be found in the course of chronic diseases. The observance of these fluctuations has a high influence on the patient's well being. During their studies, Corbin & Strauss have noticed that the courses of chronic diseases are very individual and different dependent on the experiences of the affected persons, however, they also show commonness in certain aspects. Corbin & Strauss have summarised this commonness in the form of describing the eight stages of the course of disease.

The first stage of a course of disease is defined as the time before the beginning of the disease, i.e. before the appearance of symptoms and before developing an official diagnosis. Involving this phase in the illustration of the aetiopathology emphasizes the importance of the prevention of disease. As soon as indices or symptoms of a disease arise, they demonstrate the onset of the disease and the beginning of the chart of aetiopathology respectively. This moment means a significant health risk (crisis) for the patient, referring to the whole situation of the concerned person, i.e. his body, his psyche and his social field. This beginning of the disease can express itself in an acute period of the disease that requires active intervention, usually an in-patient stay in a hospital (acute phase). Already in this connection, the care structures aimed at should have an effect in order to avoid an aggravation of the situation or to hinder the arising of complications that adhere to the effects of the disease. If these measures and interventions are effective, a steady phase can be reached which requires different grades of support to maintain the reached state (stable phase). The extent of the nursing intervention is dependent on the phase of the chart of aetiopathology in which the patient is at the moment.

However, for chronic diseases, it is indispensable that new attacks of the disease can occur that are directly or indirectly dependent on the disease. This situation requires a reappraisal and an adaptation of the measures, usually without an in-patient confinement in order to promote stability and accomplishment of the attack (instable phase). Reactions on these interventions main focuses for the patient's anastasis cannot be successful in some places and the patient's situation can degrade (decreasing phase), up to a point when the patient becomes terminally ill (decreasing phase).



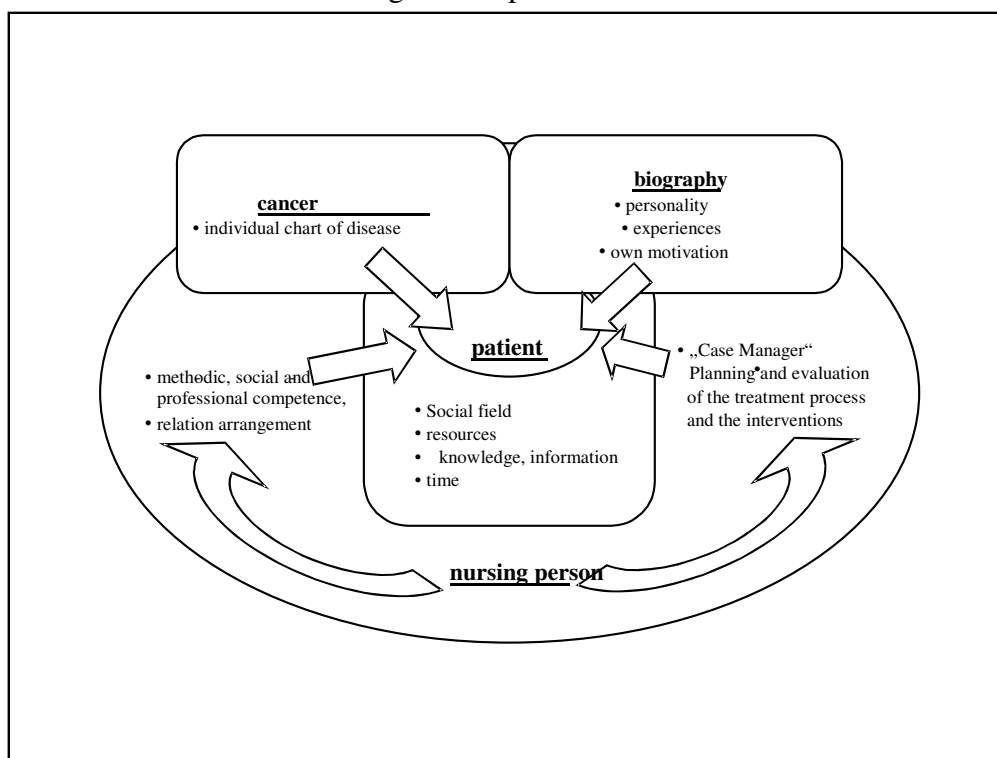
The current stage of the affected person determines the extent of the respective nursing activities. The course of the disease can be illustrated in the so called nursing- and disease trajectory course which is oriented on the arising of the stages. As a result, (even within one stage) reversals, turning points, upward and downward movements and/or breakdowns become apparent. This dynamic reflects the continuous changes and adjustments that life with a chronic disease brings about. Every stage brings about certain problems and questions for the patient and his family. Nevertheless, predictions about the course of disease cannot be made, it is always a matter of an individual course. Chronic diseases differ from person to person and from diagnosis to diagnosis. Although individual courses of disease can only be measured retrospectively (by the means of the respective reaction on the stage of disease), the illustration of the trajectory course can make possible a prospective perception of a conceivable course, based on the knowledge, convictions, values and experiences of the patients and the (nursing)experts. The key to the benefit of the TM can be found in the above mentioned assumption that, although every person with a chronic disease experiences the course of illness in a unique way, there are common phases which relate to changes in the state of health and to necessary measures. Thus, the division into phases serves for recognizing and evaluating certain characteristics and symptoms in good time. Therefore these observations require a long-term management. Due to the intensive building up of a relation between the nursing person and the patient a larger sensibility for changes can be developed. The individual course of disease can basically be influenced by three factors:

- personal attributes of the patient:
- own identity and self-perception (biography)
- own motivation
- perception of the disease
- adaptability and readiness for adjustments
- constitutional restrictions
- experiences the patient has made with his sickness and its treatment

- outside influences
- available resources (for example social and /or economic ones)
- caring nursing person

treatment scheme

- target, planning and intervention factors which determine the course of disease
- the interventions carried out by the nursing persons illustrate a factor that can influence the course of disease
 - competent and professional treatment through the nursing person
 - common decisions (patient & relatives together with the nursing person)
 - active participation of the patient and his relatives
 - information and knowledge of the patient



The course of disease can be supported, facilitated and improved by assistance in the self-supply and by social support (including professional help). In this connection, the professional help aims at a comprehensive, patient-oriented care, i.e. a holistic nursing. By observing the biography of the chronically ill person, his health (physical and psychic), his environment and the care, various and better possibilities to influence the quality of life in a positive way arise. Hereby, the optimal standard for the individual should be reached and at the same time the affected person should be motivated to aspire to this. In the TM, he is always involved in any arrangements and makes all decisions on his own as far as he is able to. Thus he widely carries his life in his hands. In doing so, he and also his family do not have the feeling to be confronted with the disease insensibly. It is essential to adapt the own identity to remaining abilities and to find new possibilities. The patient is a former of his own life, subordination to the instructions of the medical specialists will be avoided.

Especially for the custodial care of cancer patients, the TM is a suitable concept. The diagnosis "cancer" nowadays cannot be equated with a rapid death sentence. Nevertheless,

this means a shock for those affected by the illness and is connected with deep fears and a scarcity of knowledge concerning new diagnostic and therapeutic possibilities and treatment measures. The patient's complete surrounding field is affected by the diagnosis.

The current health policy aims at achieving a high quality of care with an appropriate low investment of financial resources and an ensured accessibility as well as a better application of available resources. However, against the background of continuously increasing costs in the health care services with questionable quality, the arrangement of new care structures makes a new approach towards the nursing of cancer patients necessary. The medical science is permanently developing new methods for cancer therapy and minimises the duration of stay in the stationary field. Even complicated cancer therapies are more and more transferred into the ambulant field, relatives and family members have to take over the responsibility to the ambulant nursing of cancer patients more and more frequently. Hereby, specific support of professional nursing persons is necessary. In the practical application of the theory, the nursing staff have to acquire the corresponding knowledge of their patient's disease in spite of quite brief contacts with the affected person as well as comprehensive information about his biography. This is the only possibility to create the development of appropriate coping strategies to re-establish the most probable independence. The promotion of an optimal state of health as well as an increase/maintenance of the quality of life is to be aspired. Precondition for an implementation of the TM is the use of a nursing system with one principal care giver. Furthermore, the nursing persons have to be prepared for their new area of responsibility by training and further education. They must acquire their professional, social and self-nursing competences. In addition, they should take part in communicational trainings, collect experiences in the biographical work and receive further education in "primary nursing and follow up care". Within the framework of their increased field of responsibility, they have to improve their organizing, cooperating and coordinating skills.

CONCLUSION

The TM can be used as a management instrument for the professional care. It causes the nursing person to get familiar with the patient's perspective. Hereby, the main emphasis can be found in the continuous, comprehensive care, with the character of the sick person with his ability and mastery taking centre stage. All resources are recognized and used, the nursing person only intervenes in the nursing process by controlling and forming.

As a rule, this extension of duties in terms of a holistic care promotes the motivation of the nursing person. The knowledge about the possible course of cancer, the assessment of individual intervention measures and the planning and coordination of efforts by the responsible nursing person make an integrated nursing possible which at the same time is matched with the individual case.

Furthermore, the TM can be easily combined with other, already used nursing models in order to supplement these by aspects of the nursing of chronic sick persons. It pursues a holistic approach, it completely fits in the concept of the integrated health care and thus also in the structures of the care- and case management. However, the required basic conditions must be guaranteed and made available by the health care system: enough workforce must be available, the length of service must be flexibly adapted to the patient's requirements and it must be worked actively on the in-patient and ambulatory integration. In this country, a difficulty consists in the conversion to make a nursing person responsible for the patient as well in-patiently as out-patiently. Therefore, in terms of the integrated health care, a networking of institutions should take place in order to ensure a care continuum.