



## The impact of an intervention to improve patient participation in a surgical care unit: A quasi-experimental study

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### ABSTRACT

**Background:** Organizational changes in surgical care are requiring patients to become more responsible for their own care, both before and after surgery, and also during recovery. Involving patients in their care is vital to improving quality of care and patient safety.

**Objective:** The aim of this study was to investigate the impact of the 'Tell-us' card on patients' perceptions of quality of care, with a specific focus on patient participation. Another aim was to evaluate the use of the Tell-us card from the patients' perspective.

**Design:** A quasi-experimental design with an intervention group and control groups was used. The patient's self-written Tell-us card was introduced as the intervention.

**Setting:** The study was conducted in two surgical care units at a Swedish university hospital.

**Participants:** A consecutive sample of patients admitted from the waiting list and from the emergency department was included ( $n=310$ ). The inclusion criteria were surgical patients with a hospital stay of at least one day. Patients who were younger than 18 years, not able to speak or write in Swedish, or unable or unwilling to give informed consent to participate were excluded.

**Methods:** Quality of care was assessed using the questionnaire 'Quality from the Patient's Perspective'. The patients included in the intervention group were asked to write what was most important for them during the day or just before discharge on patient-written Tell-us cards.

**Results:** The use of the Tell-us card resulted in significant improvements (5 out of 17 items) in patients' abilities to participate in decisions about their nursing and medical care. The patients found the Tell-us card more useful in their interaction with registered nurses and assistant nurses than with physicians.

**Conclusions:** The use of the Tell-us card improved patients' participation in some areas of nursing and medical care in the surgical care units. The Tell-us card is an uncomplicated and inexpensive tool that could be an important step towards improved patient participation in the surgical care unit. More research is needed to evaluate the use of the Tell-us card in different hospital units and over a longer period of time.

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### What is already known about the topic?

- Involving and recognizing the patient as a partner in the healthcare team is one of the mainstays of patient-centred care.
- Involvement of the patient in decision-making improves quality of care from the patients' perspective and is associated with positive patient health outcomes.
- Organizational changes in the surgical care unit demand that patients are more responsible for their own care before and after surgery and also during recovery.

### What this paper adds

- The use of the Tell-us card improved patients' participation in some areas of nursing and medical care in a surgical care unit.
- The Tell-us card, an inexpensive, uncomplicated tool could be used in clinical practice to improve patient participation in their own care.

## 1. Introduction

In recent years studies have reported the need to recognize the patient as a resourceful partner in the health care team (Edwards, 2002; Taylor and Rutherford, 2010). Patient involvement has been found to improve quality of care, is associated with positive health outcomes for the patient (Griffin et al., 2004; Say et al., 2006), and is also an important factor in patient safety (Joint Commission, 2010). Government guidelines describe patient participation as a prerequisite to patient-centred care and require health professionals to involve patients in their care (IHI, 2009; Joint Commission, 2010). However, several studies show that for a variety of reasons patients may be displaced, forgotten, or hindered from being equal partners in the health care team (Sahlsten et al., 2005; Simi and Patoia, 2010).

Although patient participation is a widely used concept, it is a complex phenomenon (Say et al., 2006; Eldh, 2006). Critical attributes for patient participation include an established relationship, respect for the individual, recognition of the individual's knowledge and circumstances, and shared information (Eldh, 2006; Sahlsten et al., 2008). Patients' preferences for involvement are influenced by many different factors (Doherty and Doherty, 2005; Say et al., 2006). Several studies show that women prefer a more active role in decision making than men (Say et al., 2006; Florin, 2006; Beaver et al., 2009). Experiences of illness and medical care, kind of decision, and earlier interactions and relationships with health professionals are also reported to influence patients' preferences for participation (Say et al., 2006).

Although several reports address improving patient involvement in consultations, fewer seem to consider the hospital setting. Clinical interventions including patient-targeted checklists and patient-held records, and provider-targeted interventions such as education and training in communication skills, have been introduced to enhance patient participation in consultations (Lewin et al., 2009; Kinnarsley et al., 2007). Bedside reporting (Timonen and

Sihvonen, 2000) and routinely asking patients to establish daily goals have been suggested as strategies to improve patient participation during hospital stay (Scott-Smith and Greenhouse, 2007; Sehgal et al., 2010). In a patient safety programme in the United States, patients took part in the care plan by writing down their goals each day to make clear to all members of the health care team what was most important to them. The patients' self-written card was called the 'Tell-us' card (Sehgal et al., 2008, 2010). According to the communication framework outlined by Feldman-Stewart et al. (2005), it is important in the patient–health-professional interaction to address the patient's goal. This goal may be seen as an expression of one or more of the patient's needs that provides an opening for dialogue during the day and one more step towards patient involvement in care.

The context of the present study is a surgical care unit in Sweden. Patient participation is highlighted as an important issue in Swedish health care (SOSFS, 2005, 2010), and descriptive studies report on the need to improve patient participation (Sahlsten et al., 2005; Fröjd et al., 2011). The patients cared for in such surgical units are operated on with more advanced surgery than only 20 years ago. Patients come to the unit earlier in the postoperative phase and they need more advanced nursing and monitoring. At the same time, length of hospital stay is becoming shorter, patients are older, and more planning of future care is required before discharge. Because of these contextual changes, patients today are more responsible for their own care before and after surgery and during recovery. Therefore, it is important that patients have the necessary knowledge and opportunity to be involved in their hospital care, and it is crucial to work out interventions in this setting that involve the patients in their own care.

Within this study the definition of patient participation is inspired by the work of Eldh (2006), who recommends that the patient have knowledge of, and when possible, control of, the disease and treatment, to enable the patient to experience trust during the hospital stay and at discharge. A prerequisite for patient participation is a patient–health-professional interaction that includes dialogue characterized by respect, empathy, and recognition of the patient as an individual as well as a partner in the health care team. Patient participation is often used as an important outcome measure in questionnaires about quality of care (Donabedian, 1988; Wilde et al., 1994; Wilde Larsson and Larsson, 2002). Our hypothesis was that if patients were invited in a structured way to participate with their health care team during the hospital stay, the quality of care, and specifically patient participation, would be improved.

The aims of the study were to investigate the impact of the Tell-us card on patient perception of quality of care, with a specific focus on patient participation, and to evaluate the use of the Tell-us card from the patients' perspective.

## 2. Methods

### 2.1. Design

The study had a quasi-experimental design with ABA phases. Phase A was a period without intervention and

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