



# Patient participation in discharge planning decisions in the frame of Primary Nursing approach: A conversation analytic study



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## ABSTRACT

Primary Nursing (PN) is a model of care delivery which is described to favor patient participation, as a Primary Nurse is responsible for coordinating all aspects of care including discharge planning. The purpose of this paper is to explore patient–nurse interactions in a rehabilitation clinic in which PN is used. Twenty-five interactions of video-recorded data involving 12 patients with their primary nurse were included in this paper and analyzed using conversation analysis, an inductive data-driven approach. Our findings suggest that nurses use two different communicative styles – a “reciprocal” or a “individual” perspective – when discussing discharge decisions with patients. While the “reciprocal” style is a more collaborative approach, the “individual” communicative practice is more unilateral. Making those different approaches explicit might lead to refinement of Primary Nursing theories.

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## 1. Introduction

Patients' involvement in health care, especially their participation to make decisions regarding their discharge, has been discussed by different professionals, policy makers and social scientists in the last years (Almborg, Ulander, Thulin, & Berg, 2009). Patient participation determines positive results in patients in terms of greater sense of personal control, increased satisfaction with treatment, lower subjective burden, better compliance with and transfer of advice into the daily routine of disease management and, consequently, better treatment outcomes (e.g. Flynn, Khan, Klassen, & Schneiderhan, 2012; Mitty & Post, 2008; Street, Gordon, Ward, Krupat, & Kravitz, 2005). As Huby and colleagues have highlighted (2004), discharge planning is a longstanding issue in health service development and research, but has acquired a new urgency in view of the current need to reduce pressure on acute care services. However, this construct of discharge planning is quite new and unexplored. Discharge planning is usually described as a process to coordinate the patient's continued care after discharge

with the patient and other caregivers (Huby, Stewart, Tierney, & Rogers, 2004). It is considered a dynamic process that involves the patient, his/her family and the health care team requiring interactive communication and collaboration regarding a range of specific skills (Rorden & Taff, 1990). It is considered a dynamic process that involves the patient, his/her family and healthcare team requiring a range of skills with regards to interactive communication and collaboration (Rorden & Taff, 1990). This interactive process of communication – as detailed by Tarling and Jauffur (2006) inquires as well about elements regarding the patient's care at home: all relevant aspects of treatment (drugs, physical rehabilitation, assistive devices), special needs and necessities of patients, the organization of home-services for patients, action plans for follow-up and check-up examinations. Results from prior studies about patient participation showed that most patients want to be informed about their illnesses, conditions and care, and desire to be involved in the decision-making process (Roter & Hall, 2006; Street et al., 2005), but patients feel that they lacked the strength and knowledge to influence decision-making (Nordgren & Fridlund, 2001). Evidence from research also indicates that there is a power imbalance between patients and nurses inhibiting the patients' participation in decision-making (Henderson, 2003). Furthermore, it has been shown that a patient's participation in different aspects of health care can have positive effects for the patient. Active participation seems to enhance quality of life and self-esteem, increase personal

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responsibility for their health and self-care, and satisfaction with outcomes (Cahill, 1998; Street, 2003). However, researchers identified multiple barriers to patient participation in discharge planning which can be related to language, problems of communication or the lack of information (Preyde, Macaulay, & Dingwall, 2009). Moreover, the literature on patient participation in discharge planning lacks reference to the way in which the organizational contexts and professional constraints shape interactions among patients, staff and patients' family members (Dill, 1995; Varcoe et al., 2003). In the frame of discharge planning, the role of nurses is becoming more and more relevant (Atwal, 2002; Sheppard et al., 2010). For patients, the clinical encounter with nurses offers a venue in which they can learn more about their health conditions through open discussions and clear explanations about medical and treatment information that patients received from their physicians (Atwal, 2002). Yet, how this can be achieved in practice remains unclear. A recent body of literature has evaluated different nurses' approaches to identify the ones that can encourage patient participation. Among these approaches, Primary Nursing is described as an innovative perspective in healthcare settings (Boykin, Schoenhofer, Smith, St Jean, & Aleman, 2003; Jost, Bonnell, Chacko, & Parkinson, 2010).

### 1.1. Primary Nursing

Primary Nursing (PN) is a model of care delivery which emphasizes continuity of care by assigning one nurse to coordinate complete care for a small group of inpatients within a nursing unit of an institution (Manthey, Ciske, Robertson, & Harris, 1970; Manthey, 2002). PN is expected to favor patient participation within clinical contexts. The primary nurse is responsible for coordinating, together with all professionals (physicians, physiotherapists, social workers), various aspects of care including discharge planning (Boykin et al., 2003; Jost et al., 2010). For the duration of a patient's stay at the rehabilitation clinic, the Primary Nurse accepts responsibility for administering some and coordinating all aspects of the patient's care. From a communicative point of view, patient information is elicited by the Primary Nurse who communicates it directly and proactively with team members. The Primary Nurse is responsible for integrating information and coordinating care. In this sense, communication with patients as well as team members is practiced in a direct way (Manthey et al., 1970; Manthey, 2002).

While it is known that communication is key to discharge planning and that Primary Nursing might be one approach favoring patient participation, it is so far not clear how PN looks like in practice and whether it achieves the intended outcome.

Recently, Collins, Drew, Watt, and Entwistle (2005) have identified some modalities that might improve participation in health context basing their consideration on a wide spectrum of conversations in health context across several clinical settings. Particularly, the authors, even though they did not analyze the role of PN in particular, have identified two trajectories in participation: a more "bilateral" approach where participation arises during consultations, negotiated by the health professionals and the patients, and a more "unilateral" approach, where the health professional conducts the communication and moderates the level of participation "structuring it independently of his or her conversation with the patient" (Collins et al., 2005; p. 2613). According to the authors, these approaches 'twist and turn' throughout the conversational process that is initiated by the health professional and enable patients to participate – at different levels – in their decision. This process follows these specific phases as presented in Table 1.

The research of Collins et al. (2005) has represented a guide for our analysis.

## 2. Aim

The aim of this study is to identify communicative practices in patient–Primary Nurse interactions during discharge discussions in a rehabilitation hospital.

## 3. Methods

### 3.1. Conversational analysis

Conversation Analysis (commonly abbreviated as CA) is an inductive and data-driven method that directly considers how participants make sense of the other's action (Heath & Hindmarsh, 2002). Conversation analysis is a method that unswervingly evaluates how participants use their communication. It is structured on direct investigations of communication patterns between two or more agents that interact themselves, they attribute meanings to the discourse and construct a form of communication (Drew, Chatwin, & Collins, 2001). The exploration of conversations follows the viewpoint of participants' considerations of one another's actions, rather than starting from researcher's views of what is happening (Drew et al., 2001). CA has increasingly been used to analyze medical interaction (Heritage & Maynard, 2006) as well as other health professional interaction, including nurse–patient interaction (Jones, 2009). The detailed analysis of both verbal and non-verbal aspects of talk is a suitable method to identify communication strategies (Drew et al., 2001).

### 3.2. Participants

Patients were recruited from a rehabilitation Centre in the Southern region of Switzerland. Inclusion criteria were as follows: currently undertaking rehabilitation at the institution, being able to communicate in Italian, and having given informed consent. Fifty-two patient–health professional interactions involving 12 patients were video-recorded, but for the purpose of this paper, only the 25 interactions between patients and their primary nurse are analyzed. See Table 2 for details of patient participants. Each patient took part in three consultations with the Primary Nurse (at the beginning of the stay, in the middle and at the end of the stay). Consultations covered a wide range of topics: impairments, activities, mood and emotions, special needs and requests, phases of rehabilitation program, discharge planning activities, but for the purpose of this article, the focus was on discharge discussions. More detailed information are included in the Appendix.

### 3.3. Procedure and data analysis

Each consultation was videotaped by the first author (SR) using a digital camera. Sequences related to discharge or goal discussions were selected (when aspects of discharge are discussed or goals are explicitly referred to), viewed and reviewed collectively by the authors. The first step was to make comprehensive notes on sequences of decision making and patient participation. This overview included aspects such as rehabilitation program options, and what type of information was provided. We evaluated characteristics of design and delivery of questions and responses, and identified the communication features they contained. More specifically, we identified typical paths of decision-making based on our data and described how the specific interactions gave opportunities for patients' involvement in discharge planning. We noted that the format of the interview used by Primary Nurses influenced patient participation significantly (see Appendix).

The instances in which goal and discharge issues were discussed were then transferred to ELAN 4.4.0 (Max Planck Institute, Netherlands) and transcribed by the first author using Jefferson's

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