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Patients with hip fracture: Experiences of participation in care

R.N. Malin Malmgren MSN ^{a,*}, R.N. Eva Törnvall PhD ^{b,1},
R.N. Inger Jansson PhD ^{c,2}

^a Hospital of Halland, Varberg, Sweden

^b Research and Development Unit, Local Health Care, County of Ostergotland, Sweden

^c School of Social and Health Sciences, Halmstad University, Halmstad, Sweden

KEYWORDS

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Abstract Health care staff are obliged to help patients participate in their care. Previous research has shown that information and relationships with staff are important factors for patients to feel involved. The aim of the study was to describe patients' experiences of participation during hospitalization for hip fracture. Eleven patients being treated for hip fracture were included and data were collected using interviews. Analysis of the data was carried out through qualitative content analysis. The results illustrate that the experiences of participation are governed by the patient's personal circumstances, needs and wishes and are affected by how responsive the staff are to these. Patients' experience of participation is also affected by having to adapt to the health care organization and structure. To pursue individualized care, staff need to start from patient preferences and it is a challenge to adapt care to both the individual and the organization. By paying attention to patient preferences, the staff have a greater opportunity to implement changes in health care that will benefit a large patient population. This can lead to patients gaining better functional capacity and quality of life.

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Introduction

In Sweden, health care staff are required to involve the patient in their own care and provide informa-

tion tailored to the individual (Svensk författningssamling, 1982; Svensk författningssamling, 2010; The National Board of Health and Welfare, 2010). Legislation concerning patient participation also

* Corresponding author. Address: Hospital of Halland, Varberg, Träslövsvägen 68, SE-432 81 Varberg, Sweden.

E-mail addresses: malin.malmgren@regionhalland.se (R.N. Malin Malmgren), eva.tornvall@lio.se (R.N. Eva Törnvall), Inger.Jansson@hh.se (R.N. Inger Jansson).

¹ Address: FoU-enheten för närsjukvården, Landstinget i Östergötland, 581 85 Linköping, Sweden.

² Address: School of Social and Health Sciences, HOS, Halmstad University, Box 823, SE-301 18 Halmstad, Sweden. Tel.: +46 35 17 74 58; fax: +46 340 67 64 19.

Editor's comment

Because sustaining a hip fracture requires unimaginable effort by the patient in their recovery and rehabilitation journey, their participation in their care from the first moment of admission to hospital is central. This paper helps those providing care and eliciting that participation to see more clearly how understanding each person as an individual can help to provide the support needed in summoning that effort. JS-T

applies in Finland, the United Kingdom and the United States (Eldh et al., 2006). The World Health Organization (1994) states that it is every person's right to be involved in his or her care, that patients should be informed and that participation should be encouraged. Within orthopedic care, patients with hip fracture account for approximately 20% of patients treated in orthopedic wards in Sweden (Rikshöft, 2009). In the Western world, hip fracture is the most common osteoporotic fracture and the incidence increases with age. Hip fracture causes pain and reduced mobility and many patients are reliant on help afterwards (Woolf and Pflieger, 2003). Patient involvement can lead to better patient outcomes and increased patient motivation (Sahlsten et al., 2009), increase in the quality of care and prevention of medical errors (Longtin et al., 2010). A large study using data from 11 countries (Osborn and Squires, 2012) showed that patient participation led to higher quality of care, fewer mistakes and a more positive picture of the health care system in each country.

Background

The term patient participation has been a MESH term since 1978 and is defined as "Patient involvement in the decision-making process in matters pertaining to health". Guadanogli and Ward (1998) believe that patient involvement is rooted in human rights and is part of the patient's right to self-determination. All patients should be encouraged to participate to varying degrees, depending on their ability and willingness. Sahlsten et al. (2008) describe several factors that define patient involvement in care: an established relationship between the nurse and patient; reduction in the degree of control and power of the nurse and allowing the patient to be as independent as possible; and sharing of information and knowledge between the nurse and the patient.

According to Florin et al. (2006, 2008), patients commonly have a desire to cooperate with staff in decision making; they want the staff to make a decision after asking for the patient's opinion. According to Ekdahl et al. (2010), elderly patients did not feel that they were given the opportunity to voice a different opinion from that of the

medical staff. Foss (2011) found that older people were involved in an indirect way by finding different strategies to relate to staff without taking time away from someone else who they felt might need more help. These patients saw participation as an opportunity rather than a right.

According to Eldh et al. (2010), the most common description of participation by the patients is "the staff listen to me". Patients felt that it was important that nurses noticed both verbal and non-verbal communications (Larsson et al., 2007; Ekdahl et al., 2010). Other common descriptions of participation include getting explanations for symptoms, talking about problems, getting treatment explained and knowing what was planned (Eldh et al., 2010; Ekdahl et al., 2010). Xie et al. (2012) reported that patients felt that the most important issue was to get information. Only with psychosocial issues did they see participation in decision making as more important than getting information.

The relationship between patient and nurse should be characterized by cooperation and respect. The patient is then given opportunities to express his or her views on the situation, which also gives the patient the opportunity to see his or her own potential (Sahlsten et al., 2008). Patients want to be respected as people and treated as equals with the ability to make their own decisions (Eldh et al., 2010). The nurse invites a good relationship by being courteous. A good relationship between patient and nurse also makes the patient feel respected and the nurse should have the ability to adapt to the situation. A good collaboration between nurses and physicians also creates trust (Larsson et al., 2007). Foss (2011) showed that patients were unaware that they were in a position whereby it was possible to not trust the care; rather they felt compelled to believe that they were getting the best possible care. When a nurse takes the time to sit down and listen to a patient, they feel important and involved (Ekdahl et al., 2010; Foss, 2011; Larsson et al., 2007). A nurse's emotional response and openness means that the patient feels that the nurse has an interest in and understanding of the patient's situation (Larsson et al., 2007; Larsson et al., 2011). When the nurse shows interest in the patients as individuals and shows respect for their requests, cooperation is

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