



Sufficiency and relevance of information for inpatients in general ward settings: A qualitative exploration of information exchange between patients and nurses



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ABSTRACTS

Background: Information exchange as part of shared decision-making is widely discussed in research and policy literature as a means of improving patient involvement in treatment and care. To date information exchange between patients and nurses has not been explored in ward contexts.

Objective: To explore the sufficiency of, and intentions behind, information exchanged by patients and nurses in surgical and medical ward settings using a recognised model of shared decision-making.

Design: A multiple-case study design was used. Data were collected from 19 cases. Each case comprised one patient, the nurses interacting with that patient, the interactions between them, and their perceptions about the interactions.

Settings: The study was undertaken across six surgical, six medical and one rehabilitation ward in a large teaching hospital in the United Kingdom.

Participants: Purposive sampling was used to first recruit nurses and then patients. Inclusion criteria included nurses registered with the Nursing and Midwifery Council, and patients who had been in hospital for more than 24 h and who could consent to participating. Twenty-two nurses and 19 patients participated.

Methods: Interactions from 19 cases were observed and audio-recorded. Individual interviews with patients and nurses followed, and were related to, the observed interactions.

Results: Patients and nurses perceived they had exchanged sufficient information for their own needs including patient involvement, due to: information being shared previously and on an ongoing basis; having asked all their questions; therapeutic patient/nurse relationships; and, nurses speaking in lay terms. In contrast, the observational data suggested that insufficient information was exchanged between patients and nurses due to: lost opportunities for sharing information; paternalistic practice; and withholding information.

Conclusion: The elements of information exchange within a recognised model of shared decision-making do not adequately fit with patient/nurse interactions in ward settings. Participants generally perceived they had given and received enough information for their own needs. Therefore, the ways in which patients and nurses currently interact, could remain as they are. Policymakers should be aware of the varying contexts where healthcare staff work, and should promote information exchange and shared decision-making more strategically. Due to the complexities of patient/nurse interactions, consideration should be given to situation and context when applying these findings to practice.

What is already known about the topic?

- Information exchange has been globally researched in GP surgeries, clinics and emergency care, based often on a prescribed model of shared decision-making.
- Many patients state they do not receive sufficient information.
- Patients receiving sufficient information is linked to improved

patient involvement in decision-making, and positive health outcomes.

- Policy documents promote shared decision-making, and information exchange, generically.

What this paper adds

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- This paper adds to the dialogue about information exchange with data from interactions in general hospital ward settings.
- Patients in ward settings stated at interview that they received sufficient information from nurses; however, observational data indicate that insufficient information may have been exchanged. This paper explains the dichotomy between interview data and observational data of information exchange between inpatients and nurses.
- Policymakers may need to more specifically promote shared decision-making and information exchange, taking into account varying healthcare contexts and environments, particularly as the prescribed model of information exchange is not the right fit for the ward environment.

1. Introduction

Information exchange is important for shared decision-making and has been explored globally in general practitioner (GP) settings (Edwards and Elwyn 2004; Van Den Brink-Muinen et al., 2006), acute care settings, for example in clinics and emergency care (Bugge et al., 2006; Entwistle et al., 2006; Isaacs et al., 2013), and in caring for patients with chronic conditions (Nelson et al., 2005; Shortus et al., 2013). These studies consistently find that the information patients want is not the information they receive. Despite policy rhetoric on shared decision-making and information exchange applying to all areas of healthcare, little is known about information exchange between patients and nurses during routine nursing care in general ward settings.

Shared decision-making in healthcare incorporates information exchange (Charles et al., 1999). The Charles et al. (1999) model of shared decision-making has information exchange as one of its components. The model illustrates that information exchange comprises: information flow; two-way dialogue; type of information shared; and, amount or sufficiency of information shared. During information exchange patients and health professionals share their values, beliefs and lay knowledge, or their expertise and resources, respectively. Charles et al. (1999) state that for shared decision-making to occur the amount of information exchanged should be all that is required for decision-making, or for any other patient and/or professional needs.

An extensive search was undertaken in the following databases: CINAHL; Health Source: Nursing/Academic Edition; Applied Social Sciences Index and Abstracts; Social Services Abstracts; Sociological Abstracts; and Social Sciences Citation Index. Search terms included: “informed consent AND nurs* OR health profession*”; “information exchange AND patient”; “information exchange AND nurs*”; “informed consent AND decision making”; “informed consent AND decision making AND patient”; and “information exchange AND patient AND nursing care”. However, these searches resulted in no literature being identified on information exchange between patients and nurses in ward settings. A further search in the nursing literature on patients’ information needs revealed a focus on information provision, the one-way transfer of information from nurses to patients (Jacobs 2000; Logan et al., 2008; May et al., 2006; Suhonen and Leino-Kilpi 2006).

One aspect of information exchange which has seldom been explored is whether or not patients and health professionals give and receive sufficient information. Sufficiency of information has been linked to improved patient involvement in decision-making about treatment and care, and improved health outcomes (Duncan et al., 2010; Joosten et al., 2008), consequently, there is an urgent need for further research in this area (Duncan et al., 2010). Patients have mixed views on information sufficiency with some British and Scandinavian patients expressing that they received insufficient information (Doherty and Doherty 2005; Suhonen et al., 2005) whilst others reporting that they receive too much information (Doherty and Doherty, 2005). Standardised patient information in Swedish hospitals resulted from surgical patients’ information needs being used to develop information

resources (Lithner and Zilling, 2000), rather than for determining whether or not patients receive sufficient information.

Good quality research on information exchange between patients and nurses in ward-based settings, and whether or not they receive sufficient information, is lacking. This is important because research in other contexts has demonstrated that receiving sufficient information encourages patient involvement in their treatment and care, and can lead to positive healthcare outcomes. Information exchange is related to the type of information, two-way flow of information, and the amount or sufficiency of information. This paper reports on the sufficiency of information exchanged in patient/nurse interactions in general ward settings, during routine nursing care.

2. The study

2.1. Aim and definitions

Data are derived from a project (Crispin et al. (unpublished results)) that aimed to explore the type, the intentions, and the sufficiency of information exchanged in interactions between patients and nurses in general ward settings. Data related to sufficiency, and some of the intentions behind information exchange are reported here.

Routine nursing care for this study is defined as individualised physical, psychological and informational care that promotes safety and comfort, and is based on Nursing Minimum Data Sets. Nursing Minimum Data Sets include meeting basic nursing care needs, controlling pain, monitoring vital signs, administering medication, pressure area care, wound care, and caring for tubes, drains and catheters (Butler et al., 2006; Goossen et al., 2000; Werley et al., 1991). Routine nursing care relates to physical, psychological, and educational needs, problem-solving, and advocating for patients (Butler et al., 2006). Thus any opportunity that nurses have to share information with patients can be regarded as routine nursing care, or arguably ‘fundamentals of care’ (Francis, 2013), expected of every registered nurse. These ‘fundamentals of care’ may differ in the complexity of nursing interventions, and may range from general ‘chit-chat’ to more involved patient/nurse interactions. They are also considered relevant for exploring information exchange, and whether or not patients and nurses receive sufficient information.

2.2. Design

A qualitative multiple-case study design, using non-participant observations and semi-structured face-to-face interviews was used to describe the complex social phenomena of information exchange (Yin, 2014). Each case comprised a patient, the nurses caring for that patient, and the interactions between them.

2.3. Participants

Data were gathered in an urban-based hospital in the United Kingdom (UK). The setting comprised surgical, medical and rehabilitation overnight stay wards, which admitted adult male and female patients. Registered nurses received information about the study, addressed to them and sent to the ward where they currently worked. Group meetings about the study were then held on the wards and nurses interested in taking part were asked to sign a consent form. Qualified nurses ranging from newly qualified to those responsible for recruitment and retention of staff, were eligible if they were fluent in English. Nurses were recruited first as the more consenting nurses there were in the study, the easier it would be to match nurses with consenting patients, being cognisant of nurses’ holidays, days off and any periods of illness. A purposive sample of nurses were recruited, reflecting qualified registered nurses at different stages in their career, and a mix of female and male nurses.

A purposive maximum variation sample of patients was recruited

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