Patient Choice for People With Long-Term Conditions: An Interpretation by Nurses

Kim van Wissen, PhD, RN  
School of Health, Faculty of Health, Kelburn Campus, Victoria University of Wellington, Wellington, New Zealand, Wellington, New Zealand

Denise L. Blanchard, PhD, RN  
School of Nursing Midwifery and Indigenous Health, Charles Sturt University, Bathurst, NSW, 2795, Australia

Annabel K. Matheson, PhD  
School of Nursing, Midwifery & Indigenous Health, Charles Sturt University, Bathurst, Australia

Purpose:

Historically, patient choice was not prominently featured in health systems foci, but this is changing (Chiapperino & Tengland, 2015; Kon, 2010). Often this dated approach involved a paternalistic mode whereby physician-driven decision-making was typical, and people were given little choice over their treatment (Kon, 2010).

Today patient choice means that nurses need to be open to seeing and working with the patient according to their choice, not health professional choices. For example, as Jane Bates says in her position piece (2013) patients “just want an expert to give . . . an expert opinion [they are] too weary to make a choice” (p. 25). Extrapolating from this statement nurses ought to be walking alongside the patient to support choice rather than abdicate the entire process of choosing to the patient. This calls into question ideas of partnership and how this is enacted between people with long term conditions and health professional.

Partnership is described by Jonsdottir et al. (2004) as “the dialogue is open, caring, mutually responsive and non-directive. The nurse attends to that which is of concern to patients about their health predicaments, and the meaning in the health experience unfolds” (p. 241). Hence, the partnership is about a caring relationship between patient and nurse, with a focus on what is significant regarding the patients’ perspective of health. Partnership requires parties to trust and connect. From partnership, arises the essential nature of caring for people in the partnership with an orientation to the patient and their needs, many of these needs being self-identified. Caring within the partnership and supporting patient choice instinctively intersects with patient-centered care. Boon (2012) explains that patient and family centred care comprises dignity and respect, with sharing of information, participative collaboration. Partnership intersects with patient choice as they are essential to successful modern nursing.

Methods:

In this research, RN participants engage in conversations about patient choice from the perspective of a health professional observing people grappling with long term conditions. We apply the methodology of interpretive description for this research. ID involves the application of Thorne’s (2008) interpretive description framework to answer clinically focused research questions. The main purpose of our research is to produce a thoughtful interpretation of the conversations because this will explore perceptions and understanding about patient choice in clinical settings.

Results:

Data are currently being collected, and will be interpreted to make meaning of the participant conversations. Results from our research will be presented for the first time at the Sigma Theta Tau International congress in 2018. Interpreted meaning develops from working with an array of central ideas.
within nursing plus other disciplines as they relate to the research subject. Interpretive description encourages researchers to develop findings that are focused and yet eclectic, data permitting.

**Conclusion:**

Final findings and conclusions will be presented for the first time at the Sigma Theta Tau International congress in 2018.

**Title:**

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**Keywords:**

interpretive description, long term conditions and patient choice

**References:**


**Abstract Summary:**

Nurses should support patients in the choices they make; particularly not stepping away from the difficult decisions patients are making as they live with multiple long-term conditions. This research offers a thoughtful interpretation of nurses’ conversations exploring experiences and perceptions concerning patient choice and how this links to nursing partnership.
Content Outline:

Patient choice is an aspect of ‘promoting clinical outcomes’ worthy of contemporary critique and research. Patient choice does not feature prominently in health system or patient-orientated research. In the past physician-driven decision-making was typical, and people were given little choice and control over their treatment. Nowadays patient choice means that nurses and other health professionals directly involved in healthcare need to be open to seeing and working with the patient according to their choice, not health professional choices. Hence, our research is focused on nurse-participant experiences of patient choice for people living with long term conditions (LTC).

The aim of our research is for RNs to engage in conversation to reveal their experiences. Madden Furze and Lewin (2011) write about their findings concerning patient choice in the context of choices for cardiac rehabilitation. They found that nursing staff thought they had given patients choices. Conversely, the patients interviewed described how they faced barriers in making the choices, including a lack of information on which to base a choice. Added to this there were insufficient systems of referral; a lack of appropriately trained staff; limited choice of times to attend the hospital services; the physical site of service was restrictive, plus inflexible work hours and a lack of transportation to services all contributed to lack of patient choice (Madden, Furze & Lewin, 2011). Informed choice relies on the provision and accessibility of suitable health services. Our research aims to reveal contemporary experiences nurses have had. The conversation between the nurse participants in our research is likely to cover the topics revealed by Madden et al. (2011), but then again the conversation will remain open to further issues and questions; particular interest lies in promoting clinical outcomes that support patients in making their own choices in partnership with nursing staff.

Partnership is described by Jonsdottir et al. (2004) as “the dialogue is open, caring, mutually responsive and non-directive. The nurse attends to that which is of concern to the patients in relation to their health predicaments and the meaning in the health experience unfolds” (p.241). Therefore the partnership is about a caring relationship between patient and nurse, with a focus on what is significant in terms of the patient's perspective of health. Partnership as per Jonsdottir et al., places the patient in the centre of nursing care. Partnership as described by Jonsdottir et al. (2004) is in alignment with the sustainable development goals (WHO, 2017); part of the intention of the research conversation is to draw from current global health goals and demonstrate how partnership and patient choice are central the WHO sustainable development goals.

The methodology of interpretive description underpins how the research develops. It is a methodology supported by interpretivism whereby interpretation is undertaken by the participants. Our research is focused upon making meaning of clinical phenomena such as patient choice from a nurse’s perspective. Effectively, a research partnership develops; in the words of Jonsdottir et al. (2004) describing a nurse-patient partnership, they are equally applicable to the participants partnership, that the conversation is “open, caring, mutually responsive and non-directive” (p. 241).

To conclude, our research aims to reveal what constitutes patient choice for those with LTC, as experienced and hence described by nurse participants. Choices of healthcare offered to patients should be real and not predetermined. Our research will examine the scope of choice and partnership for people living with LTC.

First Primary Presenting Author

Primary Presenting Author

Kim van Wissen, PhD, RN
Victoria University of Wellington, Wellington, New Zealand
School of Health, Faculty of Health, Kelburn Campus
Teaching Fellow
Kelburn
Wellington
New Zealand

Professional Experience: Teaching and research 2000-2017, as a lecturer at Massey University, New Zealand. In September 2017 joined the Faculty of Health, Victoria University of Wellington, New Zealand as a Teaching Fellow, to develop a course in human biology for a broad spectrum of students. Research activities are directed at people's experience of long term conditions, especially prediabetes, diabetes and cardiac conditions. Research methodology focus has been mainly interpretive, with particular interest in phenomenology and interpretive description. Research context is orientated toward the clinical setting, issues for people with long term conditions, more latterly to that of patient choice and patient participation in healthcare.

Author Summary: Kim has a strong background in teaching undergraduate and postgraduate nursing students. She has been involved in teaching and research at her local School of Nursing but has recently moved to Victoria University of Wellington (New Zealand) as a Teaching Fellow for the new Faculty of Health to develop new course material. Research activities are directed at people's experience of long term conditions, especially prediabetes, diabetes and cardiac conditions.

Second Secondary Presenting Author

Corresponding Secondary Presenting Author

Denise L. Blanchard, PhD, RN
Charles Sturt University
School of Nursing Midwifery and Indigenous Health
Senior lecturer
Bathurst, New South Wales
Australia

Professional Experience: I have undertaken courses with the Joanna Briggs Institute; the Comprehensive Systematic Review Training Program Modules and JBI COnNECT - 6 steps to evidence-based practice module. I have also attended Teaching Evidence-based Practice delivered by Professor Chris Del Mar (Bond University) and Professor Paul Glasziou (Oxford University) in 2006. I have developed teaching strategies for evidence-based practice in curricula, undergraduate and postgraduate; nursing, allied health and medicine. I have also worked with clinicians and librarians to develop a strategy for bed-side searching for best evidence and implemented this as policy for all health professionals in the clinical context.

Author Summary: Dr Denise Blanchard is a highly motivated and energetic Registered Nurse with experience in the clinical, management, education, research and policy-related domains of nursing. Denise recently spent two years in a senior clinical management role within the industry context that required her to oversee change management processes; engaging with a range of industry stakeholders; and bridging the gap between academe and clinical settings. Denise is a visible and active champion for improvement.

Third Author

Annabel K. Matheson, PhD
Charles Sturt University
School of Nursing, Midwifery & Indigenous Health
Lecturer
**Professional Experience:** 2000 - 2004 Academic at University of Sydney 2005 - present Academic at Charles Sturt University Activities undertaken: academic activities related to teaching, assessment and curriculum design for bachelor of nursing students

**Author Summary:** Annabel commenced her academic career at the University of Sydney. In 2005 she moved to Charles Sturt University, where she works as a lecturer in nursing.