

# Factors that create Obstacles and Opportunity for Patient Participation in Orthopaedic Nursing Care

The nurse plays an essential role in enabling the patient's sense of participation, but patient's involvement is essential and wound healing often requires patient involvement. The aim of this study was to highlight factors that hinder patient care and provide opportunities for patient-centred care from a nursing perspective.

## ABSTRACT

### Background

The nurse plays an essential role in enabling the patient's sense of participation. Although it has been several years since patient law was enacted, the patient's involvement in their own care is still poorly understood in several areas. In many areas, wounds occur in various forms. Wound healing often requires patient involvement.

### Aim

The aim of this study was to highlight factors that hinder patient care and provide opportunities for patient participation in orthopaedic care from a nursing perspective.

### Methods

Electronic databases, such as PubMed and Cinahl, were searched using keywords from 2007-2017. Fifteen articles were reviewed, both qualitatively and quantitatively, and included in the content analysis.

### Results

Our results show the importance of open communication between nurses and patients, the routine and working methods used in healthcare facilities, as well as the fact that an organisation which supports a working person-centred approach is needed. Nurses and all members of the team need time for reflection and guidance to accomplish the person-centred approach.

### Conclusions

Person-centred care needs a new mindset to allow the patient to play a more active role. Skills and in-

dividual training in groups are needed. To increase patient participation through person-centred care, organisational change and the resultant development of new routines are also important. This approach to healthcare can also reduce stress.

### Implications for Clinical Practice

A participating patient can lead to faster recovery, higher quality of life, lower cost, and higher quality for health care. To achieve this, active leadership, a positive attitude from staff, encouragement, and support are needed for the patient. The work environment should be reviewed because it affects everyone in the healthcare sector.

## BACKGROUND

Today patients have higher demands to participation in and influence healthcare. Access to information and the opportunity to express their expectations before a scheduled operation have been shown to produce a more realistic expectation of patient experience and self-reported health.<sup>1,2</sup> As we live longer, the cost of healthcare increases. Complicated operations can now be performed on ill, elderly, or physically weak patients. The care period in the hospital is short and day surgery is often possible. For example, five to ten years ago in Sweden, it was standard for patients undergoing knee replacement surgery to stay in the hospital for seven to ten days. Today, some patients can recover at home starting the day after this type of surgery. These developments place greater demands on the nurses and the multidisciplinary

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team. Once home the patient's task is to watch over the wound. They need to know when to contact their health-care team if something is not right, such as when they have a fever, the wound dressing leaks, they notice a smell, or when other problems related to the wound occur.

Nursing involves both surgical and non-surgical care. Excellent nursing requires theoretical knowledge and an ability to perform with an ethical approach.<sup>3</sup> The patient is a specialist in his/herself and a valuable resource, but they do not always feel like an equal partner in their own healthcare.<sup>4</sup> They are entitled to, and responsible for, decisions that concern their own lives. The nurse can both facilitate the healing process and support the patient in increasing the feeling of well-being that can lead to an improved quality of life.<sup>5-8</sup>

For patients to become more involved in their wellness, they need information, support, and knowledge about medical treatments. Laws and regulations shape healthcare in Sweden just as in other countries. Swedish law states that health and medical care must be conducted in such a way that it meets the requirements for good care and that it must be based on respect for the patient's self-determination and integrity.<sup>9-11</sup> Systematic quality work must also be performed in parallel<sup>12</sup> to continuously develop and secure the quality of care. However, the goal of achieving high quality patient-centred care has proven difficult.

### **Participation**

Patient participation is a vague and ambiguous concept. The nurse plays a crucial role in encouraging and engaging the patient, which in turn increases his or her self-esteem.<sup>13</sup> To achieve this goal, collaboration based on communication and understanding of the situation is required.<sup>14</sup> Health and medical care have evolved from being traditional and paternalistic to starting from the patient's personal preferences.<sup>15</sup> If the nurse has a positive attitude plus gives encouragement and support to the patient, it is of great importance for participation and patient safety.<sup>2</sup> Being seen is of great importance to the patient's sense of participation.<sup>16</sup> Patients are often satisfied with the treatment, but less satisfied with information and participation. A well-informed and engaged patient is more likely to follow treatment plans and experience increased well-being.<sup>13</sup>

A person-centred approach requires participation from the whole healthcare team. Person-centred care also requires becoming familiar with another person's perspective, and the ability to adapt working methods based on the patient's needs and wishes. For the nurse, this means having a holistic perspective, being honest and committed, and willing to show respect for the individual patient's story.<sup>3</sup>

It is important to ask patients open-ended questions, listen carefully, and allow time for the patient to express himself.<sup>2,15,17</sup> Improved communication, individualised care, shared decision-making, and patient education are other factors that lead to increased patient involvement and independence.<sup>15</sup>

In one of the first literature reviews on person-centred care, person-centring is defined as an approach with four central concepts: being in a relationship, being in a social world, being in a place, and being yourself.<sup>18</sup> Within person-centred care, the perspective is shifted from describing "what" a patient is about to telling "who" a person is based on three parts: the patient's story, forming a partnership (i.e., the team's collective knowledge of the patient), and having a documented planned agreement.<sup>19</sup> Placing the patient as the focal point, which is based on relationships and the need for a patient story, is actually not a new concept; one can read it already in Travelbee's interaction theory.<sup>20</sup> Communication between nurse and patient is fundamental to good care. There are several touch points between Travelbee's theory and person-centred care. She describes it as essential that all people have equal value, and that one should see each patient as a human being and not someone who is "sick." With person-centred care, nurses are aware that suffering is subjective. Regardless of the disease or diagnosis, the patient may experience illness differently, and the experience of health-related illness is therefore unique. The patient is always at the centre and it is important to build a relationship from the beginning to meet the patient's needs. Travelbee and person-centred care are thus aligned on the need for the patient story. The nurse must be committed to taking the time to understand the needs of the patient. An important part of nursing care is effective communication to increase the interaction between nurse and patient.<sup>20</sup>

The key to following and finding meaning in the patient's story is understanding both verbal and non-verbal communication.<sup>21</sup> All people are unique and have the right to good health regardless of their abilities and resources. Therefore, it is essential to study the obstacles and opportunities that can affect the patient's involvement from a nursing perspective in the field of orthopaedics.

### **METHODS**

Student papers can make differences and contribute to the implementation of more in-depth research within the chosen area. To cover the current research field, online databases such as PubMed and Cinahl were used. Both qualitative and quantitative research were included in the content analysis<sup>22</sup> to help answer the research question. Research articles in languages other than English

and Swedish were excluded due to translation issues. The search strategy did not impose any language limitations.

### Data Gathering

The literature research began with a manual search strategy to obtain an understanding of the current area. The review question was identified using keywords and a combination of keywords with AND, OR, and NOT. The keywords Patient participation, Patient-centred care, Nurse-patient relations, Nurse's role, and Orthopaedics were combined with Communication barriers and obstacles. The search was conducted with the consultation of an expert librarian, and papers published from 2007 to 2017 were collected. The search strategy and results of different phases and combinations of the systematic review are presented in Tables 1 and 2.

Inclusion criteria were focused on articles where the survey group consisted of people over 18 years of age and when patient engagement was combined with orthopaedic care and nursing involvement. Unfortunately, orthopaedic care did not give any relevant results, so the search was broad-

ened to acute care. Each phase of the systematic review was conducted by the author. The first step involved selecting the papers to include in the review. The second step was appraising the methodological quality of the included papers followed by extracting data from the papers. Finally, a synthesis of the papers was prepared for presenting the findings. These different steps were described in the literature by Caldwell.<sup>22</sup> The articles were checked for quality using criteria developed on a scorecard as published previously.<sup>23,24</sup> Fifteen papers met the quality criteria and were included in the final analysis.

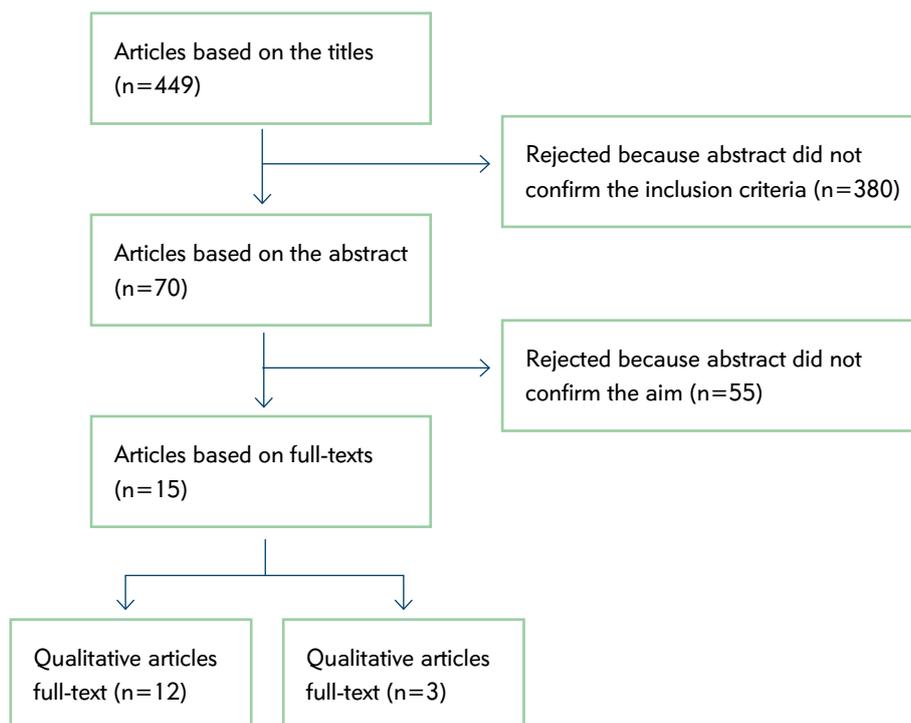
### ANALYSIS

To create the summary, the selected articles were tabulated to facilitate overview and formulate conclusions.<sup>22, 25</sup> Data were classified, and significant information was marked in color to organise the data into groups. Then the similarities and differences were identified and grouped into different themes, categories, and codes.<sup>22,25</sup> Two themes were identified: obstacles and opportunities for patient participation. Three categories were identified: communication between the nurse and patient, working methods

**Table 1. Summary of search strategies used in this review. Search strategies using databases such as PubMed and CIHNAL, keywords and their combinations are listed.**

DATABASE DATE	KEYWORDS AND COMBINATIONS	HITS	ABSTRACTS READ	ARTICLE(S) INCLUDED
PubMed 171129	Patient Participation and Patient-Centred Care AND Nurse-Patient Relations AND/OR Nurse's Role	99	20	7
PubMed 171129	Patient Participation AND Patient-Centred Care AND Nurse's Role	88	10	0
PubMed 171129	Patient Participation and Patient-Centred Care AND Nurse-Patient Relations AND/OR Nurse's Role AND/OR Communication Barriers AND/OR Hinders	25	4	1
CIHNAL 171205	Participation and Orthopaedics and Patient	127 (126 unique)	10	(1 – same as in Pubmed)
CIHNAL 171205	Participation and Person-Centred and Patient	82 (80 unique)	10	(2 – same as in PubMed)
CIHNAL 171206	Participation or Person-Centred or Nurse	26 (24 unique)	5	(2 – same as in PubMed)
Manual Search and Articles from Supervisor and Colleagues		7		7
Total		454 (449)	66	15

**Table 2. Strategy employed to select the 15 articles reviewed for this study.**



and routines in the healthcare unit, as well as obstacles and opportunities for patient participation from an organisational perspective. (See Table 3).

## RESULTS

### Obstacles - Communication Between the Nurse and Patient

There was less communication with the patient when nurses did their work without involving the patient. The nurses wish to have more control over how the work should be performed with no interference, and thus, would rather provide care themselves instead of involving, instructing, or educating the patient.<sup>26</sup> This way of working depends on the professional judgment and confidence of the nurse who is responsible for the patient's health and safety. Thus, patient safety must be the top priority if rules are overridden so that patients can participate more actively in their own care.<sup>26,27</sup> Other factors that affect communication include the patient's cognition, cultural background, and language barriers.<sup>28</sup>

Lack of teamwork, large workload, and stress also reduced the patient's ability to participate. Speaking above the patient's comprehension can make the patient feel invisible.<sup>28</sup> The same feeling of invisibility can arise if there is a computer screen located between the patient and nurse.<sup>29</sup> Being informed is not the same as being involved. However, some patients see themselves as passive listeners.<sup>30</sup> and may adopt a more traditional, compliant role as it may be a

more convenient way for them to relate.<sup>29</sup> This response might be due to a lack of understanding of how to invite them into the conversation and increase their confidence.<sup>29</sup>

### Obstacles - Routine

The nurse usually worked routinely, especially on days with higher stress.<sup>26</sup> Furthermore, today's system of rounds does not encourage teamwork or interprofessional communication, which leads to frustration and reduced nursing quality.<sup>31</sup> For example, even though nurses wanted to invite patients to take care of their usual medication, the nurses felt bound to rules and regulations for fear that something would go wrong and affect patient safety.<sup>26, 27</sup> Documentation was rarely collected together with the patient, which resulted in incomplete recordkeeping that did not describe the patient's desires and needs.<sup>32</sup>

### Obstacles - Organisation

The advantage of person-centred care is perceived differently by different occupational categories. The physician observed little value in the need to implement a person-centred approach compared to other healthcare staff. They considered person-centred care as belonging to nursing and not medical care.<sup>33,34</sup> The culture of an organisation has a significant impact on the implementation of person-centred care. The care is often controlled by production agreements, which can be affected when working toward person-centred care because it takes time to listen to the patient's story.<sup>35</sup> Implementation of person-centred care in a workplace is also affected by high staff turnover, the

Table 3. Description of the data analysis themes, categories, and codes based on the 15 papers reviewed.

THEME	CATEGORY	CODE
Obstacles to patient participation	Obstacles to communication between the nurse and the patient – for patient participation	The relationship between nurse and patient The importance of communication Passivity of the patient Attitudes Cultural factors for nurses and patients
	Obstacles to working methods and routines in the healthcare unit – for patient participation	Routines Standardisation Patient safety Secrecy Documentation
	Obstacles from an organisational perspective – for patient participation	Skills shortage (knowledge) Difficulties with implementation Lack of team work Jargon Leadership Hierarchical structures Stress High workload High staff turnover Inexperienced nurses
Opportunities for patient participation	Communication between the nurse and the patient that can support	Commitment Communication Attitudes Autonomy Empowerment
	Working methods and routines in the health-care unit – that can support patient participation	Partnerships Person-centred care Rounds Reports (between shifts, patient records) Documentation
	From an organisational perspective – to support patient participation	Teamwork Interprofessional work Leadership Organisation Reflection Learn from each other Training

hiring of nurses without person-centred care experience, lack of experience in the staff overall, as well as a stressful work environment.<sup>36</sup> The existing paternalistic healthcare system requires educational skills when implementing a patient-centred care approach where patients are seen as partners.<sup>35</sup>

### Possibilities - Communication

The nurse plays a crucial role in promoting the patient's opportunity to participate in their care.<sup>36</sup> At the same

time, this is a challenging task. The nurse must identify each patient's specific needs and find a balance between assessing the patient's condition and the need for nursing. Studies show that when the nurse asks open-ended questions and inquires about the current situation, the patient's ability to participate actively in their care is encouraged and strengthened.<sup>37</sup> By deliberately handing over responsibilities in various nursing activities, the patient feels encouraged to understand, participate in, and increase their

commitment to healing.<sup>28,29</sup> When professionals listened to the patient and focused on them as a person rather than on their disease, they felt secure.<sup>29</sup> Listening to the patient is also an attribute that demonstrates empathy by the nurse. Patients experienced something more than just being taken care of; they experienced hope, which, in turn, created a catalyst for empowerment and participation.<sup>38</sup> Listening and encouraging participation without the patient feeling pressure to take a decision is a winning concept.<sup>39</sup> When the patient's role is strengthened with increased participation, improved patient safety is observed, leading to independence and confidence.<sup>36</sup>

### **Possibilities - Routine**

The interaction between a patient and their nurse increases the patient's sense of participation and leads to safer care. Patients who felt they were treated respectfully were more willing to speak up and felt that they could correct any inaccuracies, leading to increased patient safety.<sup>27,30</sup> Having time for reflection and supervision also plays an important role in the nurses' ability to implement person-centred.<sup>34</sup>

Patient-centred rounds have a positive impact on the nurses' work situation and have contributed to better teamwork and reduced hierarchy between different healthcare professionals.<sup>31</sup> When working in a person-centred environment, documentation is performed together with the patient and their relatives, which prevents misunderstandings and clarifies communication.<sup>32</sup>

### **Possibilities - Organisation**

The development of nursing skills in communication strategies and person-centred care as a measure of patient safety would promote patient participation.<sup>26</sup> However, attention should be paid to nurses' concerns about maintaining confidentiality in connection with the patient.<sup>30</sup>

The workplace culture, (i.e., the employees' perception of methods, procedures, and behaviours) affects patient participation. The need for a strong relationship between the work environment and person-centred care has been presented.<sup>40</sup> A positive workplace culture is a prerequisite for person-centred care and, thus, patient participation. Nurses should have opportunities to continue their education, so that they can further develop their skills. The work environment affects both the nurses' commitment and motivation, especially in times when a full workload is carried.<sup>40</sup>

## **DISCUSSION**

Open communication between everyone on the patient's team (including the patient themselves) is an essential suc-

cess factor in achieving a person-centred approach. The review of work routines is required to increase active participation by the patient. The nurses felt bound to rules and regulations. Nurses should not fear scrutiny if rules are overridden or routines changed when the patient participates more actively.<sup>26,27</sup>

Orthopaedics was a criterion included in our database searches. Unfortunately, this term did not provide any relevant hits together with or without the wound healing process. This finding reveals that patient involvement in orthopaedic nursing care could be interesting to study. The literature review method was chosen for this bachelor's thesis to obtain more knowledge about the field of patient-centred care and to facilitate planning of follow-up studies at a later stage. Literature review with a systematic approach gives readers the opportunity to decide whether the conclusions are credible.

This literature review has both strengths and weaknesses. One of the strengths was that nine of the 15 selected articles were written after 2013, which should increase the reliability of the results obtained. A possible weakness is that this review was written by only one author which, due to a lack of collaboration, may limit processing of the collected material and the opportunity to include all papers in the review. One's understanding can also affect and shape the outcome. It is difficult to generalise the results presented in this paper, but it can be used as a basis for discussion in one's healthcare unit. Writing a review also requires different biases to be considered. For example, the studies discussed in these articles were performed in different countries, six from Sweden, five from Australia, one from Canada, USA, and Ireland, and one from Israel. Thus, further discussion could be conducted about whether the healthcare systems in these countries differs and how any differences may affect the results.

The concept of person-centred care is based on the patient being an equal partner. This partnership is only achieved if the patient is invited to participate and is given the opportunity to influence their own care. The intention is not for the staff to create something for the patient. Instead the staff should identify and strengthen the resources that exist in the patient.<sup>19</sup> Participation, the patient's autonomy, communication, and the role of the nurse are the basis for person-centred care, which in turn leads to patient involvement. There may be different perceptions between the patient and the nurse regarding the extent of participation, and this may be the reason why the patient sometimes feels dissatisfied with the nursing care received.<sup>4</sup>

The department's routines and the nurse's attitude, communication, and sometimes controlling function reduce the patient's ability to participate.<sup>26,41</sup> Existing routines and the absence of them can both impede a patient's willingness to participate.<sup>26,41,42</sup> Short care times and a shortage of experienced staff can make it difficult to provide individualized care as it is easier to follow standard routines. Today's rounds system can also prevent patient participation.<sup>31</sup> The difficulty of nurses handling confidentiality and sharing confidential information during bedside conversation was highlighted in several articles.<sup>28,30,41</sup> At the same time, conducting bedside conversation provides opportunity to amend any inaccuracies in the patient information.<sup>30</sup> This could be remedied by providing more private rooms in the healthcare units and changing work methods.

Lack of experienced staff, continuity, and a large workload can lead to less patient participation.<sup>36,39</sup> One study also observed that time restrictions limit the possibility of patient participation, which ultimately affects patient safety.<sup>42</sup> The same study also showed that the patient's respect for authority can serve as an obstacle to many patients' involvement in their care and treatment. Involving the patient at a round creates opportunities for improved communication, teamwork, and reduced hierarchy.<sup>31</sup>

Creating opportunities within the healthcare organisation for professionals to work toward a person-centred approach by educating nurses in communication strategies will promote participation.<sup>26</sup> Discussing person-centred care at all levels of the organisation as a measure of patient safety<sup>30</sup> can be a winning concept for increased participation and opportunities. The importance of partnership and competent staff in creating security, and therefore patient participation, is important.<sup>39</sup> An educational, supportive working model with reflection and supervision is a

prerequisite for nurses to implement new approaches for increased patient participation.<sup>37</sup>

## CONCLUSION

Person-centred care requires a new mindset to let the patient play a more active role. There are many factors that influence the opportunity for patient participation in daily care, from the healthcare organisation in the ward and its leadership to the work environment for nurses in the healthcare sector. Both verbal and non-verbal communication between patients and nurses are as important as communication between all healthcare professionals. However, the fear that nurses feel when overriding rules or adjusting routines to allow patients to participate can hinder person-centred care from being fully implemented.

This student essay can make a difference by helping to elucidate the fact that in-depth research is needed within a specific area of orthopaedic patient care. It also shows the importance of taking a critical approach when evaluating published studies. Equally important is the fact that care must rest on the best scientific research available. Wounds are treated in all fields of healthcare, especially in orthopaedic care. It is not only surgical wounds but also hard-to-heal wounds after trauma and infections. Diabetic foot ulcers also occur. Those in need of wound healing are both young and old. Because wounds and people vary greatly, it is even more important to find working methods that involve the patient in an optimal and natural way. The wound healing process often requires patient involvement. They need to know when to contact their healthcare team if something is not right with the healing process. ■ ►

**Table 4/1. Framework for the review, including quality control.**

AUTHORS YEAR COUNTRY	AIM	TITLE	METHODS	RESULTS	QUALITY/ TYPE OF STUDY
Tobiano, Bucknall, Marshall, Guinane, Chaboyer 2015 Australia	To explore nurses' views on patient participation in nursing care. The objectives of this study were to investigate nurses' understanding of patient participation, and the barriers and facilitators to it.	Nurses' view of patient participating in nursing care	Interpretive study In-depth semi-structured interviews were conducted and analysed using content analysis.	Five categories emerged from the nurses' views. Nurses play a crucial role in promoting patient participation. Nurses felt limited by rules, perceptions of maintaining safety, and patient characteristics when attempting to enact participation.	I/K

**Table 4/1. Framework for the review, including quality control.**

AUTHORS YEAR COUNTRY	AIM	TITLE	METHODS	RESULTS	QUALITY/ TYPE OF STUDY
Svanström, Andersson, Rosén, Berglund 2016 Sverige	To describe experiences of implementing a process based on a learning support model designed to increase patient involvement and autonomy in care.	Moving from theory to practice: experience of implementing a learning support model designed to increase patient involvement and autonomy in care	Data were collected through interviews, notes, and written stories, and then analysed using hermeneutic analysis with a focus on meanings.	The participants described challenges when patients became involved in their care and took charge of their lives. The participants' experience led to increased self-confidence and feelings of improved competence in dialogue with patients.	I/K
Sharp, McAllister, Broadbent 2016 Australia	To examine and understand the unique and particular experiences of a group of former patients' participating in person-centred care.	The vital blend of clinical competence and compassion: how patients experience person-centred care	Semi-structured interviews with patients were examined via thematic analysis to understand how patients identify ways to enhance and support compassionate person-centred care in everyday nursing practice.	Clinically competent care, delivered compassionately through a positive nurse-patient relationship, resulted in personal, emotional, or spiritual responses that were the catalyst for patient empowerment and participation in care, and a positive outlook toward recovery.	II/K
Abdelhadi, Drach-Zahavy 2011 Israel	To test a model that suggests the ward's climate of service facilitates nurses' patient-centred care behaviours through its effect on nurses' engagement.	Promoting patient care: work engagement as a mediator between ward service climate and patient-centred care	A nested cross-sectional research design was adopted, with three parameters to measure the behaviour of nurses by questionnaires: work engagement, ward's climate for service, and control variables. Patient-centred care behaviours were assessed by structured observations.	The findings: service climate proved to be a link to nurses' work engagement and patient-centred care behaviours. Nurses' work engagement mediated the service climate patient-centred care behaviours.	II/RCT
Alharbi, Carlström, Ekman, Jarneborn, Olsson 2014 Sweden	To investigate whether patients did in fact perceive the intentions of partnership in the new care model 1 year after its implementation.	Experiences of person-centred care-patients' perceptions: qualitative study	Sixteen participants were interviewed.	Patients felt listened to and that their own perception of the situation had been noted. Patients expressed that they felt the staff saw them as persons and did not solely focus on their disease.	I/K
Bolster, Manias 2010 Australia	To examine how nurses and patients interact with each other during medication activities in an acute care environment with an underlying philosophy of person-centred care.	Person-centred interactions between nurses and patients during medication activities in an acute hospital setting: qualitative observation and interview study	A qualitative approach was used comprising naturalistic observations and semi-structured interviews.	The results of the study generated insights into the nature of interactions between nurses and patients where person-centred care is the underlying philosophy of care. Three major themes were found: provision of individualised care, patient participation, and contextual barriers to providing person-centred care.	I/K

Table 4/2. Framework for the review, including quality control.

AUTHORS YEAR COUNTRY	AIM	TITLE	METHODS	RESULTS	QUALITY/ TYPE OF STUDY
Jangland, Gunningberg 2017 Sweden	To evaluate the implementation of a project on patient participation, using two specific research questions for patients and nurses.	Improving patient participation in a challenging context: a 2-year evaluation study of an implementation project	Study is a descriptive design using quantitative and qualitative methods.	Improving patient participation in a busy environment is challenging. Although the long-term implementation project did not improve patient participation in the units, the nurse managers described a changing culture in which staff grew to accept patients' involvement in their own care. Several barriers to change and sustainability were acknowledged.	I/RTC
Tobiano, Marshall, Bucknall 2016 Australia	To describe and understand the activities that patients and nurses undertake to enact patient participation in nursing care.	Activities Patient and Nurses Undertake to Promote Patient Participation	Field notes were collected and were analysed both inductively and deductively.	Nurse–patient interactions promoted patient participation through dialogue and knowledge sharing. Less evident was patient involvement in planning or self-care. Nurses exerted control over patient care, which influenced the extent of patient participation.	II/K
Oxelmark, Ulin, Chaboyer, Bucknall, Ringdal 2017 Sweden	To describe registered nurses' experiences with patient participation in nursing care, including their barriers and facilitators for participation.	Registered Nurses' experiences of patient participation in hospital care: supporting and hindering factors patient participation in care	Interviews were conducted with 20 registered nurses. Thematic data analysis was used to analyse the transcribed interview data.	Five themes emerged: listening to the patient, engaging the patient, relinquishing some responsibility, sharing power, and partnering with patients. In addition, hindering and facilitating factors to participation were identified, including patient desire to take on a passive role and lack of teamwork, which participants understood would enhance patient safety. Patient participation was hindered by medical jargon during the ward round; there was a risk of staff talking above patient comprehension, which was sometimes inevitable at the patient's bedside.	I/K
Sharma, Klocke 2014 USA	To study and improve the perceived communication and interprofessional care provided by medical providers and nursing staff.	Attitudes of nursing staff toward interprofessional in-patient-centred rounding	We surveyed attitudes of nursing staff before and after four-month implementation of a patient-centred physician–nurse rounding process for in-patients.	Compared with baseline pre-rounding data, nursing staff satisfaction related to the communication and rounding by hospitalist providers significantly improved after the patient-centred in-patient rounding model was implemented. Nursing workflow, nurses' perceptions of value as a team member, and their job satisfaction were also positively impacted.	II/K

**Table 4/3. Framework for the review, including quality control.**

AUTHORS YEAR COUNTRY	AIM	TITLE	METHODS	RESULTS	QUALITY/ TYPE OF STUDY
Wolf, Moore, Lydahl, Naldemirci, Elam, Britten 2017 Sweden	To explore the realities of partnership as perceived by patients and health professionals in everyday PCC practice.	The realities of partnership in person-centred care: a qualitative interview study with patients and professionals	Qualitative study employing a thematic analysis of semi-structured interviews with professionals and patients.	Our findings identified both informal and formal aspects of partnership that patients felt listened to and informed. They were content to ask questions and felt less involved in care planning, documentation, or exploring lifestyle goals.	I/K
Alharbi, Olsson, Ekman, Carlström 2014 Sweden	To measure the effect of organisational culture on health outcomes of patients 3 months after discharge.	The impact of organisational culture on the outcome of hospital care: after the implementation of person-centred care	A quantitative study using Organisational Values Questionnaire (OVQ) and a health-related quality of life instrument (EQ-5D).	The results tentatively indicated an association between an organisational culture and patients' health-related quality of life. Our results showed that it could be hindering instead of helping the new health care model achieve its objectives.	II/P
Gachoud, Albert, Kuper, Stroud, Reeves 2012 Canada	To explore how "patient-centredness" is operationalised in the work life of those professionals.	Meanings and perception of patient-centredness in social work, nursing and medicine: a comparative study	Semi-structured interviews were employed because they generate understanding of the meanings different individuals have of their real-life world.	The analysis generated three main themes: "Definition of PCP"; "Value given to PCP"; and "PCP and collaboration". All the themes gave a specific perspective on patient-centred in practice (PCP) and are presented below.	II/K
McMurray, Chaboyer, Wallis, Johnson, Gehrke 2011 Australia	To examine patients' perspectives of participation in shift-to-shift bedside nursing handover.	Patients' perspectives of bedside nursing handover	A descriptive case study was conducted. Data were analysed using thematic content analysis.	Four themes emerged from the analysis: patients appreciated being acknowledged as partners in their care; they viewed bedside handover as an opportunity to amend any inaccuracies in the information being communicated; some preferred passive engagement rather than being fully engaged in the handover; most patients appreciated the inclusive approach of handover as nurse-patient interaction.	I/K
Broderick, Coffey 2012 Ireland	To explore nursing documentation in long-term care, to determine whether it reflected a person-centred approach to care, and to describe aspects of PCC as they appeared in nursing records.	Person-centred care in nursing documentation.	A qualitative descriptive study using the PCN framework as the context through which nursing assessments and care plans were explored.	Findings indicated that many nursing records were incomplete, and documentation of information regarding psychosocial aspects of care was infrequent. There was evidence that nurses engaged with residents and worked with their beliefs and values. Nursing documentation was not completed in consultation with the patient, and there was little to suggest that patients were involved in decisions related to their care.	I/K

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