Patiëntvoorkeuren in de verpleegkundige besluitvorming

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Summary

Patient preferences in nursing decision-making. A theory about fine-tuning knowledge in acute care.

1. General introduction; Good nursing care and patient preferences

The topic in this thesis concerns the question of which professional knowledge is employed by nurses in hospitals in attuning care to individual patients' preferences - and those of their family - and how nurses deploy this knowledge in providing individual tailored nursing care. When nurses succeed in attuning care to the subjective conditions of patients, both nurses and patients rate the nursing care provided as being appropriate, good care. The Evidence-Based Practice (EBP) paradigm in health care has been widely embraced to enable transparency and optimal care provision. According to the literature, EBP consists of three key components in decision-making: the best research evidence, professional expertise and patient preferences. The latter component is the subject under study in this research. Attunement to patients' preferences in healthcare is prerequisite to a holistic and individual approach in care. Considerable emphasis has been placed on the first component, partly as a consequence of centralised control on quality of care policy. Nurses are expected to cooperate in data collection regarding care provision. Consequently, nurses claim that this leads to a lack of dedication of time to their core profession, which is to provide care and stimulate the recovery process through a personal relationship with patients. This study attempts to transcend the current discussion regarding various quality of care management models by conducting research on how good nurses take into account the individual patient and patients' family needs within the EBP paradigm. The motivation behind the EBP paradigm is a qualitatively adequate care practice driven by knowledge. This knowledge can be divided into three components. The first component entails knowledge derived from conducting systematic research. The second component is concerned with translating that knowledge to practical knowledge within the clinical domain, in this study described as application knowledge or 'practical knowledge I'. Characterization of practical knowledge as application of knowledge does, however, not apply to knowledge that is required to obtain insight into individual patient preferences and to attune decision-making accordingly. This knowledge will be described as 'practical knowledge II' in this study.

The general objective of this thesis is to develop a theory of nursing care that enables good nurses to tune in into patients' preferences in their care provision, and what knowledge they deploy in doing so. The first goal in this study is to determine how patient preferences are operationalized in current literature concerning nursing care. The second goal is to explore the views that good nurses hold regarding patient preferences, and how they take into account patient preferences in their care provision. The third goal is to compare this study's findings with current theories regarding practical knowledge, in order to propose a theory on attuning knowledge of nurses. It is expected that this study will provide a positive contribution to the discussion of bridging the gap between current quantitative evaluations of quality of

care and nurses' claims relating to the importance of provision of nursing care based on a nurse-patient relationship.

2. Patient preferences in nursing decision-making; Literature review

This chapter provides an account of the literature study that was carried out regarding the operationalization of the 'patient preferences' concept within the domain of nursing decision-making in Evidence Based Practice. The goal was to explore how this concept is operationalized in contemporary literature, and how nursing professionals gain insight into their patients' preferences and values, adapting care provision accordingly. It appears that the third EBP component, patient preferences, is operationalized in three distinct ways in the literature depending on scientific preference. The 'positivist' view on EBP interprets patient preferences as the formal aspects within a caring relationship, such as preferred decision-making style. The second, also quantitative, approach operationalizes patient preferences through a patient's choice regarding care urgency using a standardised model of human functioning. The third view on EBP follows a qualitative approach, where patient preferences are regarded as the outcome of nurse-patient-family dialogue and the professional's reflection on these dialogues. The varying views on EBP strongly influence the way in which nurses take patient preferences into account where nursing decision-making is concerned. A strong preference for quantitative research methods was expected regarding the EBP paradigm, but the research designs were - in fact - quite diverse. In the application of EBP, nurses ought to be aware of the differing interpretations of the EBP paradigm and the consequences this has on the signification of the role of patient preferences in a caring relationship. Detailed accounts relating to the way in which nurses ought to take patient preferences, norms and values into account have not been found. Therefore, it is recommended that research has to be carried out in nursing practice to explore how nurses succeed in obtaining information regarding their patients' preferences and how this affects decision-making and the provision of good care.

3. Connectedness in care; The role of patient preferences in nursing decision-making

This chapter provides an overview of the results derived from the empirical study in which good nurses - selected by their professional peers as being experts in providing care - describe how they address norms, values and patients' and their families preferences in the daily nursing decision-making. The main question was how nurses, those nurses that are known for providing adequate nursing care, take patient preferences into account in their daily decision-making to provide good care. The respondents (n=27) show the importance of creating and maintaining connectedness in the caring relationship to be a key prerequisite in obtaining and using information on patient preferences. Through connectedness nurses attune to patients' feelings of security and trust by regarding a patient as a unique individual and taking time for a conversation. Nurses refer to the tools that they deploy in metaphorical terms: creating a 'click', using one's 'antennae' or probes, communicating openly by asking 'empathic questions'. According to the nurses, patients and their families are kept - whenever possible -

in control in cases of hospitalisation, allowing them to optimally participate in decision-making. Nurses aptly navigate between protocols, professional knowledge and the occasional rapid changes in patient preferences. Respondents report of their active role in listening, informing, negotiating and - occasionally - convincing. Based on this acquired knowledge they form, often unconsciously, a broad frame of reference and use it in care provision decision-making. The intensive process of continual attunement to patient preferences is regarded as being part of the implicit knowledge held by nurses. Attainment of individually attuned adequate care depends on the professional expertise of nurses in being able to uncover patients' preferences, tuning in to these needs and take them into account in decision-making. Respondents create the impression that they shift effortlessly through this process of attunement without being consciously aware of it, hence their inability to explain exactly what they do and why. The next step in maintaining reliability in this study is triangulation of the research method through participatory observation.

4. Participant observation; 'Teach me the best way to take care for you in this situation'

Using the method of participant observation, seven 'good' nurses have been observed during their shifts in a nursing ward. The research question was 'what can be seen regarding attuning to patient preferences and the use of *tools* in daily nursing practice?'. The goal was to collect additional information concerning the implicit and intuitive *tools* that nurses employ in their daily care provision to gain insight into patient preferences and take these into account in nursing decision-making. Creation of connectedness and working with a 'click' has been observed in the way in which nurses approach patients. The little moment the nurses take to come into contact with patients can be identified as special. When they talk to patients they approach them, seek eye contact and often put a hand on a patients arm or leg. They are consciously present in a situation and discuss when necessary difficulties in communication or misunderstandings that are a consequence of emotional barriers. The use of 'antennae' is not visible, but can be deduced from their perceptive observation focused on details, their contemplations on how to act and occasionally from the way in which nurses literally stand still to 'sense' the situation. Observation of the most concretely described *tool* - asking empathic questions - showed nurses' frequent questioning relating to who a patient is as an individual, what his/her preferences are and how they view the future. Their modus operandi is based on the question: 'Teach me the best way to take care for you in this situation'. Questions that follow from this are not only directed at patients and their family, but also involve direct team members and interdisciplinary colleagues. The process of obtaining information using these *tools* contributes to a broad frame of reference for nursing decision-making in which there is sufficient space to accommodate patients' preferences and to tune in to their perspectives. We have termed this knowledge as 'fine-tuning knowledge' as distinguished from adaptive knowledge, the practical knowledge I. Fine-tuning knowledge is the unique knowledge of nurses about the value orientation of the individual patient and his family. Fine-tuning knowledge is gained through a dynamic and interactive process and is part of a broad frame of reference for nursing decision-making aimed at providing adequate,

individualised care. Furthermore responsiveness of the patient in the health care process is positively stimulated.

5. A theory of fine-tuning knowledge; Comparison to existing theories

The goal of this chapter is to compose a substantive theory within the grounded theory cycle, and to compare it to existing theories. Three dimensions of fine-tuning knowledge in nursing practice (*knowing-why, knowing-how* and *knowing-what*) have been compiled to a 'theory on fine-tuning knowledge'. The theory is explained further using a model. The reason for knowing why to tune-in i.e. the motivation to do good to others and to contribute to a patient's quality of life, forms the core of the proposed theory. The circle outside this core contains the tools required for 'knowing how to tune-in and take into account'. Finally, knowing what to do to achieve good care provision forms the outer circle: attunement to feelings of security and trust, recognising others as unique individuals and taking time to ensure adequate communication. We found that practical knowledge in nursing practice is acquired by learning during practice and gaining work experience.

The comparison between the fine-tuning knowledge theory and Benner's theory of adaptive knowledge shows similarities but also a number of key differences. According to Benner, *expert knowledge* is acquired by undergoing a linear five-step model where nurses will have gained internalised skills proceeding from intuition in the final step. This practical knowledge I, or adaptive knowledge as it is referred to in the current study, is experiential knowledge that is acquired through repetition and recognition in nursing practice. Fine-tuning knowledge is knowledge that is acquired in every novel context, and it is only acquired through a care relationship. Intuitive usage of the tools to gain adaptive knowledge is acquired through an on-going iterative process of experiential learning. In her studies regarding practical knowledge, Benner has failed to describe fine-tuning knowledge. It would appear that she regards the ethical component of a care relationship to be moral knowledge, which falls outside practical knowledge. This is why her descriptions lack a knowing-why component.
Benner's theory and literature on tacit knowledge leads us to Schön's reflective practice. We note the similarity between fine-tuning knowledge and reflection-in-action. Despite this, Schön ultimately centres on the exploration of intuitive knowledge and making this knowledge available for innovations in professional practice via reflection-in-action and reflection-on-action. However, the 'fine-tuning knowledge theory' and fine-tuning knowledge in itself also fail to cover this aspect. This leads to the *phronesis* concept i.e. practical wisdom. *Phronesis* refers to an individual's professional actions that reveal practical wisdom. The literature shows a renewed interest in this concept to fill the void left by the sole interest in propositional knowledge in training and practice. It is recommended that this concept will be studied further and its connection with fine-tuning knowledge. The theory about attunement knowledge provides us an insight in processes in nursing practice and daily nursing decision-making. This type of knowledge declares the base and the direction of how to tune in to professional decision-making to provide individual tailored care. We conclude that the theory of fine-tuning knowledge is tenable.

6. Final comment

The aim of this study was to develop a theory of nursing practice that enables an understanding of how good nurses succeed in regarding their patients' preferences and how they incorporate this in their care provision. Our interest was epistemological in nature. The answer to the main question in this study is that good nurses in the hospital use fine-tuning knowledge to tailor their care on the individual preferences of patients and their families. These nurses use fine-tuning knowledge as a part of the frame of reference for nursing decision-making in order to provide good nursing care, adapted to individual needs. We state that the aforementioned concept of fine-tuning knowledge in this study may refer to a similar type of knowledge as is described in the Aristotelian concept of *phronesis*, as they are both directed at doing good to other individuals in uncertain and changing contexts. Additional research could ascertain the extent to which these concepts refer to a similar meaning.

The literature regarding fine-tuning knowledge emphasises that the core of professional practice is shaped by nurses' motivation to provide good and individually attuned care. Benner's theory regarding practical knowledge does not capture this *knowing-why*. Further research could reveal whether or not fine-tuning knowledge is sufficiently robust to be added to nursing theories regarding practical knowledge.

The EBP paradigm consists of three key components in decision-making: evidence from scientific research, professional nurse evaluation and patient preference. The latter component is somewhat overshadowed by the former two in both the literature and the renewed EBN definition. Adequate care provision is only possible through a caring professional care relationship, and care provision should be based on a relationship with an individual patient. The renewed definition of health as presented by Huber et al. (2011) creates ample space for patient preferences and support by nurses. Adequate care is not primarily a matter of practical insight of the professional or the mere deployment of research-based evidence, but - instead - a matter of meaningful action in a practice where there is space and time to attend and respond to patients. We state that the acquisition of reflexive behaviour is in conflict with the primary focus on rule-based practice.

It may be concluded that practical wisdom in nursing care is implicit, collective know-how that cannot be acquired through a training programme but only through cooperation with colleagues in a reflective practice. We therefore invite lecturers of educational institutions and trainers in the nursing practice to collaborate and address the question of how to renew attention to implicit learning in nursing practice.

Fine-tuning knowledge takes a special place in the nursing care provision process. The learning question that nurses presented in this study - 'Teach me how I can provide the best care for you in this situation' – invites to a reversal of perspective. Standards and guidelines are no longer at the core of determining goals in nursing care, but - instead - care needs of this person and how to contribute to the experienced quality of life. This requires a shift in perspective in both nursing practice and nurse training: students and professionals need to learn to collect information regarding patients' perspective and to use this information to

establish, execute and evaluate care plans. Obtaining information on an individual's value-orientation plays a crucial role in this respect.