

What matters to patients: the nursing contribution

The issue

In recent months the Department of Health and partner organisations (including the Picker Institute and the Healthcare Commission) have been working to build a picture of what matters to patients, public and staff. The aim is to develop the National Health Service in ways that are important to these groups. The approach has been to distil information from national patient surveys and test it qualitatively with patient and staff groups. There are four key areas that seem to matter to patients:

- Get the basics right - don't leave it to chance
- Fit in with my life - don't force me to fit in with yours
- Treat me as a person - not a symptom
- Work with me as a partner in my health - not just a recipient of care¹

Whilst it is clear that these four areas are essential, the challenge is for care services to deliver what matters to patients every time, in every place for every patient. Here, we draw together examples from nursing research to show that what matters to patients is variable and manifests itself in different ways for different people at different times.

Personal characteristics and views influence what matters to patients

- Young people accessing nurses in general practice want better written information, confidentiality explained, and the option of electronic messaging², whilst older people place emphasis on meaningful interactions with nurses that support them to self-care and to be a co-participant in care³.
- The physical or mental impairments experienced by patients can affect what matters to them. For example, people who have hearing problems emphasise more time during appointments, better written information, and better use of telecommunication devices and videoconferencing⁴.
- People's attitudes towards health services and how they might look after themselves is important, for example those who see illness as a fact or as a failure may respond differently to self-management or medication regimes¹.

Treatment or care received influences what matters to patients

- Patients emphasise different issues when nurses take on tasks traditionally viewed as part of the role of doctors or other healthcare professionals, such as prescribing or administering drugs⁵.
- The level of perceived risk of the treatment being given influences what matters to patients. For example patients being prescribed medication by nurses consistently say that they want safe and successful treatment from competent nurses⁴.
- The level of pain involved in a treatment influences the amount of preparatory information and verbal explanations that patients want⁶.

Health condition and health status influence what matters to patients

- The severity and degree of emotional trauma associated with a condition influences what patients want. For example, patients accessing emergency services say they want nurses to support them more with social and emotional aspects of distress⁷.
- For patients whose condition means they are frequent users of nursing services the emphasis is on effective treatment and informal, friendly care⁸.
- The stage in a person's illness trajectory is influential. For example, at the time of diagnosis patients with epilepsy emphasise having time with a specialist nurse to discuss symptoms, tests and medication⁹; whilst women living with a long-term diagnosis of epilepsy want better continuity of care and better provision of information about side-effects of drugs¹⁰.
- Possibility of recurrence or relapse is also a significant factor. For example women who have a high-risk pregnancy¹¹ and women with breast cancer¹² prioritize continuity in their care, personalized information and emotional support.
- Patients who self-care want participation in care to build their confidence, comprehension and a sense of control and strategies for care to be integrated into their daily lives e.g. patients suffering chronic heart failure¹³.

Service setting influences what matters to patients

- Patients accessing primary care and acute nursing services emphasise different things. In community settings patients want better access to nurses, in terms of ease of making appointments¹⁴; whilst patients in hospitals want better and more organized communication¹⁵ and staff to listen to their care stories and make use of them to bring about improvements in practice¹⁶.
- Failure to receive a planned treatment is unsettling. Patients say they want staff to recognise this and to explain to them why cancellations have happened, for example because of staff shortages¹⁷.
- Patients can be uncertain about the purpose of a particular service. Patients who have been discharged to nurse-led intermediate care services want clarity about the purpose of the service and more consistency in the quality of care provided¹⁸.
- People living in nursing homes want nursing staff to understand their personal history to maintain their sense of self¹⁹.

Key issues for policy

- What matters to patients is influenced by the personal characteristics and views of patient, the type of health condition, the type of treatment or care that is being provided and the service setting. These differences offer alternative starting points for assessing and developing responsive care services, for example through research and service assessment.
- Delivering what patients want requires care staff to keep in mind the question – what matters to you today? It also requires training, support and time. Managers can help by supporting staff to meet patients/clients needs fully at each visit and to facilitate their discretion in what needs to be done.
- A one size fits all solution will not create a personalised service and staff development and initial training will need to educate the current and future NHS workforce in this respect. There is also an opportunity for policy-makers to ensure that delivering care that meets what patients want is valued and recognised in future NHS governance and incentive systems.

References and information

1. Department of Health (2007) What matters to patients, public and staff.
2. Jacobson, L., G. Richardson, et al. (2001). "How do teenagers and primary healthcare providers view each other? An overview of key themes." *British Journal of General Practice* 51(471): 811-6.
3. Frank, D. I. (2003). "Elderly clients' perceptions of communication with their health care provider and its relation to health deviation self care behaviors." *Self-Care, Dependent-Care & Nursing* 11(2): 15-30.
4. Berry, D., M. Courtenay, et al. (2006). "Attitudes towards, and information needs in relation to, supplementary nurse prescribing in the UK: an empirical study." *Journal of Clinical Nursing* 15(1): 22-28.
5. Fitzsimmons, D., S. E. Hawker, et al. (2005). "Nurse-led models of chemotherapy care: mixed economy or nurse-doctor substitution?" *Journal of Advanced Nursing* 50(3): 244-252.
6. Crawford, A. (2004). "Respiratory nursing. An audit of the patient's experience of arterial blood gas testing." *British Journal of Nursing (BJN)* 13(9): 529-532.
7. Hostutler, J. J., S. H. Taft, et al. (1999). "Patient needs in the emergency department: nurses' and patients' perceptions." *Journal of Nursing Administration* 29(1): 43-50.
8. Shaw, C., K. S. Williams, et al. (2000). "Patients' views of a new nurse-led continence service." *Journal of Clinical Nursing* 9(4): 574-82.
9. Ridsdale, L., I. Kwan, et al. (2002). "How can a nurse intervention help people with newly diagnosed epilepsy? A qualitative study (of patients' views)." *Seizure* 11(1): 1-5.
10. Wallace, H. K. and J. K. Solomon (1999). "Quality of epilepsy treatment and services: the views of women with epilepsy." *Seizure* 8(2): 81-7.
11. Dollins, A. M. (1997). *The obstetric patient's experience of a nurse case management system: A hermeneutic analysis*, University of Cincinnati: 237 p.
12. Liebert, B. and S. Furber (2004). "Australian women's perceptions of a specialist breast nurse model." *Australian Health Review* 27(2): 88-93.
13. Eldh, A. C., M. Ehnfors, et al. (2004). "The phenomena of participation and non-participation in health care - experiences of patients attending a nurse-led clinic for chronic heart failure." *European Journal of Cardiovascular Nursing* 3(3): 239-246.
14. Bolton, L. B., C. E. Aydin, et al. (2003). "Nurse staffing and patient perceptions of nursing care." *Journal of Nursing Administration* 33(11): 607-614.
15. Beaudin, C. L., J. C. Lammers, et al. (1999). "Patient perceptions of coordinated care: the importance of organized communication in hospitals." *Journal for Healthcare Quality: Promoting Excellence in Healthcare* 21(5): 18-23.
16. Adair, L. (1994). "The patient's agenda...what do patients really think about the care they receive in hospital?" *Nursing Standard* 9(9): 20-23.
17. Gilmartin, J. (2004). "Day surgery: patients' perceptions of a nurse-led preadmission clinic." *Journal of Clinical Nursing* 13(2): 243-250.
18. Wiles, R., K. Postle, et al. (2003). "Nurse-led intermediate care: patients' perceptions." *International Journal of Nursing Studies* 40(1): 61-71.
19. Graneheim, U. H. and L. Jansson (2006). "The meaning of living with dementia and disturbing behaviour as narrated by three persons admitted to a residential home." *Journal of Clinical Nursing* 15(11): 1397-1403.