

# Nurse-patient Consultations

## - A way to navigate in the uncharted waters of a spinal cord injury?

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### Introduction

Patient participation in care and rehabilitation has been central in determining the quality of care and treatment (1-4). Despite the widely accepted need for a more individualised approach, patients still report a lack of control and involvement in their own care (5-10). A nurse-led intervention, **'Nurse-Patient-Consultations'** was implemented at the Spinal Cord Injury Centre of Western Denmark to create an opportunity for nurses and patients to meet and discuss issues that are important to the patient (see fact box).

### Purpose

The main aim of the study was to describe how patients who had suffered a spinal cord injury found their experience of the Nurse-Patient Consultations.

### Methods

This study contributed to a master of Health Science – Nursing. To complete a minor thesis five participants were included through purposeful sampling and interviewed using a semi-structured guide. The phenomenological approach of van Manen provided the theoretical framework. By combining the descriptive and interpretive theory attempts to uncover the very nature of a phenomenon and describe the structures of lived experiences (11).

### Findings

People who sustain a spinal cord injury experience a journey where a variety of obstacles, concerns and uncertainty emerge. The main theme arising from this study describing this phenomenon was *'Sailing into uncharted waters'*.

The sub-themes represent the participants' experience of Nurse-Patient Consultation and their contribution to handling and to some extent contain the situation. They included:

*'to have the optimal conditions',  
'to navigate',  
'to comprehend the personal map',  
'to fill a participating role', and  
'moving towards safe harbor'.*

Carl's description of a Nurse-Patient consultation:

*"the trustful relation to the nurse you talk with is confirmed. It's okay every day to enter the room, wake you up in the morning and do this and that. But the fact that you sit down...and communicate without people running around... so the quietness which is important (...) You have to take your time...then I think it can be positive. It can reveal all sorts of more or less hidden things (...) a confidence-inspiring consultation."*

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### Conclusion

The key message from this study was that where a relationship based on trust was formed, the nurse-patient consultations facilitated greater patient participation in rehabilitation after a spinal cord injury.

The findings support the adoption of an attentive, patient-centered approach; to facilitate meeting of individual needs and enhance participation in care.

Fact box 1:

#### Nurse-patient consultation

##### Purpose:

- Patient participation in rehabilitation and care
- Addressing the individual thoughts, obstacles, or areas of concern following a spinal cord injury.

##### Form:

- Weekly, formalized meeting allowing conversation between patient and contact nurse.
- No prior determined agenda and no checklist.
- The topic or focus is decided by the patient and the consultation can result in short- or long-term goal-setting if it is appropriate and in the interest of the patient.

##### Time and place:

- Undisturbed private place
- Chosen together in unison of patient and nurse.
- Seated - at eye level

### Reference

1. ICN, Patient Talk - The International Council of Nurses Informed Patient Talk Project. , retrieved 14. 10 2011, <<http://www.icn.ch/projects/Patient-Talk/>>.
2. WHO 2001, International Classification of Functioning, Disability and Health, Framework, <<http://www.who.int/classifications/icf/en/>>
3. Lund, ML, Nordlund, A, Nygård, L, Lexell, J & Bernspång, B 2005, 'Perceptions of participation and predictors of perceived problems with participation in persons with spinal cord injury', Journal of Rehabilitation Medicine, vol. 37, no. 1, pp. 3-8
4. Danish Rehabilitation Forum & Marselisborg Centeret 2004, Rehabilitation in Denmark - White Paper
5. Angel, S 2010a, 'Patient participation during rehabilitation after spinal cord injury', Tidsskrift for Sygeplejeforskning, vol. 1, pp. 20-5.
6. Angel, S, Kirkevold, M & Pedersen, BD 2011, 'Rehabilitation after spinal cord injury and the influence of the professional's support (or lack thereof)', Journal of Clinical Nursing, vol. 20, no. 11/12, pp. 1713-22
7. Kiessling, T & Kjellgren, KI 2004, 'Patients' experiences of participation in care', Nordic Journal of Nursing Research & Clinical Studies / Vård i Norden, vol. 24, no. 4, pp. 31-5.
8. Fleischer, S, Berg, A, Zimmermann, M, Würste, K & Behrens, J 2009, 'Nurse-patient interaction and communication: A systematic literature review', Journal of Public Health, vol. 17, pp. 339-53.
9. Pellatt, G 2004, 'Patient-professional partnership in spinal cord injury rehabilitation', British Journal of Nursing (BJN), vol. 13, no. 16, pp. 948-53.
10. Pellatt, G 2004, 'Patient-professional partnership in spinal cord injury rehabilitation', British Journal of Nursing (BJN), vol. 13, no. 16, pp. 948-53.
11. Van Manen, M 1997, Researching Lived Experience, 2. edn, The Athlone Press, Ontario.