

Improve Health Literacy, Shared Decision Making

The promotion of shared decision-making (SDM) allows patients to make informed medical decision. Nurses assume the role of SDM coaches, bridging the gap between physicians and patients, and providing humanized care and multimedia health education.





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Just because we work in a hospital, our families and friends often come to us for second opinion or consultation on medical decisions. One day I received a call from my mother asking for an opinion. Apparently, a distant relative of ours was hospitalized for stroke and failed to wean from ventilator after month-long treatment. His physician asked his children for permission to perform tracheostomy. When they heard about tracheotomy—making an incision in the trachea—was necessary before their father can be transferred to the respiratory care unit, everyone panicked. None of them had any idea regarding the severity of the patient’s condition. “Isn’t cutting a hole in the air pipe very serious?” they asked. How to persuade the patient who would certainly reject the option, and to take care of the patient after tracheostomy, these were the questions that led to their hesitation. Furthermore, there was already a disabled elderly at home. If taking care of a tracheostomy patient would require another caretaker, are they prepared for discharge?

The family’s decision would be reached sooner, if there is someone who could relieve their doubts, explaining to them that tracheostomy home care is not as difficult as they imagined it to be.

Shared decision-making (SDM), promoted by the Joint Commission of Taiwan (JCT), is an ideal physician-nurse-patient communication model we hope to achieve,

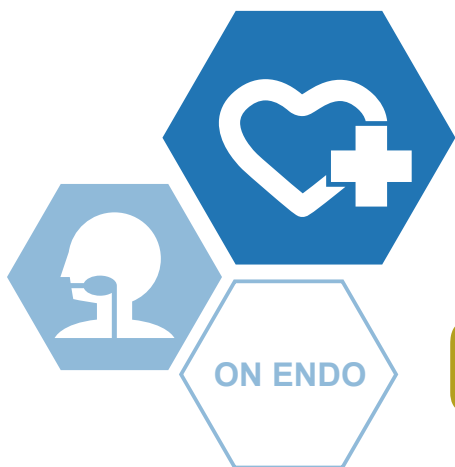
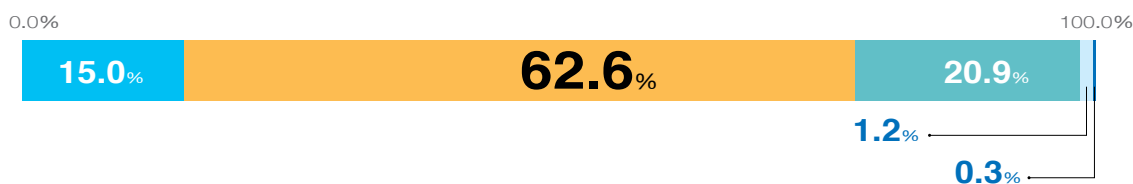
Basic Statistics

Gender	Number of People	%
Female	1,561	96.1
Male	63	3.9
Total	1,624	100.0
Age	Number of People	%
under 20	68	4.2
21~25	546	33.6
26~30	298	18.3
31~35	257	15.8
36~40	245	15.1
above 40	210	12.9
Total	1,624	100.0

Nursing Level	Number of People	%
N	535	32.9
N1	286	17.6
N2	606	37.3
N3	138	8.5
N4	59	3.6
Total	1,624	100.0
Job Title	Number of People	%
Registered nurse	1,312	80.8
Deputy head nurse	63	3.9
Head nurse	71	4.4
Supervisor	19	1.2
Functional unit/Case manager	52	3.2
Nurse practitioner/Senior RN	107	6.6
Total	1,624	100.0
Department	Number of People	%
Internal Medicine	337	20.8
Surgery	249	15.3
Pediatrics	77	4.7
Obstetrics & Gynecology	64	3.9
Intensive Care & ER	317	19.5
Functional Unit	16	1.0
Kidney Dialysis	61	3.8
Operating Room	105	6.5
Outpatient Clinic	212	13.1
Palliative Care	24	1.5
Administration	37	2.3
Others	125	7.7
Total	1,624	100.0
Hospital Working Experience	Number of People	%
Within one year	266	16.4%
1~2 years	267	16.4%
2~3 years	192	11.8%
3~5 years	245	15.1%
5 years and above	654	40.3%
Total	1,624	100.0%

Q1 | I am confident to have provided patients or their families sufficient care information? (N = 1,624)

Very much agree Agree Neutral Not agree Very much not agree



Q2 | Do I have enough time to provide patients or their families nursing instruction? (N = 1,624)



a model that is patient-oriented, where patients are in charge of medical decision-making. The precondition is to have appropriate auxiliary tools that can keep patients informed, and facilitates nurses to assume a supporting role, like health instructors or coaches, who bridge the gap between physicians and patients, and allow patients to understand their conditions, and physicians to comprehend patients' thoughts.

The most commonly heard homophonic joke—a confusion between high calcium and nine times (in Taiwanese Hokkien dialect)—that is based on physician-patient

miscommunication, reflects how sensitive and diligent medical staffs have to be when using medical jargons during health educations. According to the investigation of 2014 JCT Taiwan Patient safety Reporting system, one-third of the patient safety incidents are related to physician-patient miscommunication. In addition to “patients’ disease complexity” and “tension between physician and patient”, “lack of time” and “patient’s incomprehension” are the main reasons behind poor physician-patient communication. The scope of nurses’ work includes problem assessment, preventive health care, nursing instructions and consultation. Each of these aspects tests nurses’ professionalism and communication skills, and the ability to conduct a short and concise delivery of health education—how to care for a patient—should be fundamental to all nursing staff.

The article investigated the execution, training, and ability of our six Tzu Chi hospitals nursing staff on daily nursing instructions, with the hope to inspire creativity on the delivery of health education.

Confidence in Health Education

The survey retrieved 1,624 valid questionnaires. First, nurses of all six Tzu Chi hospitals were asked about their competence in providing patients or their families nursing information, and 77.6% of the nurses were confident in their competency in providing adequate information, 15% strongly agreed, and 1.5% felt incompetent in completing their tasks. On clinically providing information related to patient care to patients and families require, in addition to knowledge and skills, a thorough understanding of patients’ education level and the level of comprehension they have on the descriptions of their diseases and symptoms. For example we habitually use pain scale to identify patients’ intensity of pain, but many discomforts do not fall into any category of pain; instead they can be an sensation like something “stuck”, something “pricking or tingling”, or even some sensations that patients refuse to speak about but are evident in their facial expressions. Patients who are recently ill may express themselves very differently from patients who have spent years with their illnesses.

The truth is, most patients will not speak their thoughts unless asked. A patient on morpheme once told palliative shared care nurse Lin Hsiao-Chun during a health education session, “I am a government employee, how can I take an illicit drug!” It is apparent that the patient might abide by the instruction of his physician, but deep inside he believed that taking morpheme is illegal, and the conflict tormented him. To

simply inform the patient the functionality and side effects of the drug is inadequate. Nurses have the responsibility to elicit their patients' inner doubts.

Utilization of Information System

“Time is never enough” is a common complaint among nursing staff. So when asked whether the nurses have enough time to provide patients and families nursing instructions, as high as 10.3% believe they do not have enough time.

Yet 52.7% feel that they have enough time for health education. In fact, nursing staff are conducting health education at all time, and even more so now that they have the aid of computer information system. Nurses are required to explain to patients during drug-dispensing the effect and side effect of each drug, and the hospital's information system allows nurses to print out a list of precautions associated with the prescribed drugs for patients and families with a click. Before discharge, interdisciplinary care plans for discharged patients can be browsed in the information system, where guidance and precautions for home care can be printed out for patients and families to read. Nursing staff are to provide instructions while patients are hospitalized, and pay consideration to patients care after discharge.

Sense of Accomplishment from Effective Nursing Instruction

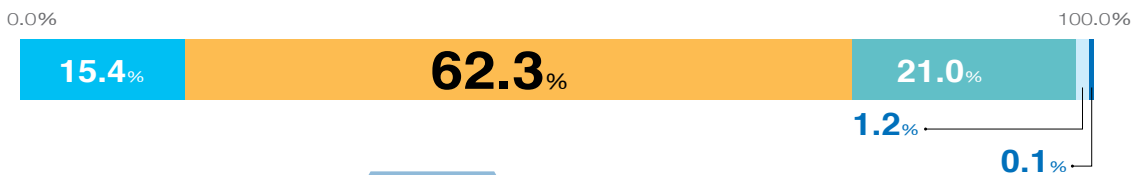
The nursing staff have demonstrated confidence in assisting patients and families in enhancing their care ability, since approximately 80% affirmed their capability, and only 1.3% believed they are incapable. Take orthopedics for example, physical therapists are to instruct post-surgical patients on daily rehabilitation plan, but fear of pain, concerns over wounds, or lack of assistance may interfere with patients' willingness to rehabilitate. It is up to nursing staff to carefully assess patients' activity and status of pain, relieve pain where necessary, and discuss patients' rehabilitation plan with physical therapists to provide individualized physical therapy. Beside the beds of each patient is a customized rehabilitation illustration that allow all team members to grasps first-hand the progress of patients' rehabilitation, and grant patients with confidence in their progress.

Solid Training in Nursing Instruction

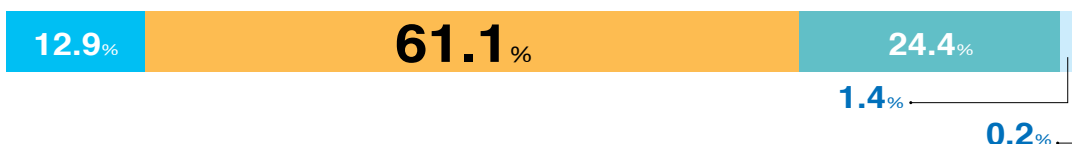
Over 70% of the nursing staff believe their training to be adequate, and in which 12.9% strong agreed, 61.1% agreed, and 24.4% neither agreed or disagreed. Nursing staff are trained, starting from school, to deliver appropriate nursing instructions,

Q3 | Am I capable of assisting patients or their families to improve their care skills? (N = 1,624)

■ Very much agree
 ■ Agree
 ■ Neutral
 ■ Not agree
 ■ Very much not agree



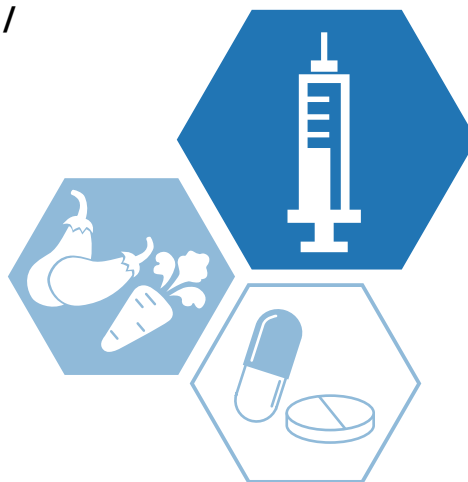
Q4 | I have adequate training on providing nursing instruction to patients/ families? (N = 1,624)



which includes assessment and communication skills, to patients and families. The advanced training also includes teach and learn. Experiences with nursing instructions are also counted as one of the advanced skills. Health literacy has been emphasized in the field of nursing in the recent years. It is defined by comprehension and literacy of

Q5 | Do the unit provide adequate health education materials/ platforms for me? (N = 1,624)

- Very much agree
- Agree
- Neutral
- Not agree
- Very much not agree



health related knowledge. Hualien Tzu Chi Hospital conducted a survey on single-page pamphlets of each department and discovered that the current single-page pamphlet on nursing instructions was cramped with contents, medical jargons and methodologies in particular, that patients could not fully comprehend. For example patients do not know what urinary tract infection is, mistaken intestinal fluid from nasogastric tube drainage as sputum, or have no idea how to remove white coating on the tongue with pineapple. These investigations can serve as the basis for any modification to the instructions. The hospital soon began setting up course training on health literacy and modifying the contents of current single-page pamphlet on nursing instructions.

Head nurse Lee Yen-Chen from Urology and Surgery ward of Hualien Tzu Chi Hospital believes that nursing instructions must be conducted with an awareness of patients' background and conditions. There was a suicidal patient transferred from another hospital who had urinary retention at a young age as result of other diseases. Bladder catheterization on daily basis was required to solve his problem. Although the nursing staff had taught him to self-catheterize, at school the patient would either

hold in, or endures ridicules from classmates and self-catheterize during the 10 minute break between sessions. Sometimes out of haste he would rub his urethra and ends up bleeding everywhere. Because the predicament was too much to bare, he began to have suicidal ideation. Lee Yen-Chen knew of other patients with similar experiences and reminded the ward nurses that they could facilitate experience sharing among patients. During each nursing instruction, though, nurses must provide information based on patients' individual needs instead of cold and technical instructions.

Multiplatform Health Education

On whether single-page health education pamphlet can satisfy the needs of nursing instruction, about 60% agreed, 35.9% neither agreed or disagreed, and 6.5% disagreed.

The current nursing instruction tools are mostly single-page printouts, simply because they are easy to hand out without other aids necessary. The flaws are that it is easily lost, and that patients and families must possess adequate literacy skills to comprehend the content. To accommodate information technology advancement and patient habits, the single-page health education pamphlets have been informationized and are available on multiple platforms such as QR code, audiovisual aids in multiple languages, mnemonic phrases, or simplified versions, etc.

For instance a wound team designed a preventive care bundle for radiation dermatitis that is comprehensible and easy to remember. Step-by-step illustration works too. Patients who are intubated or do not speak Mandarin or Minnan dialect can point to icons to express their thoughts. The heart lotus ward also provides health education videos in different languages to foreign caregivers. Many wards and outpatient clinics have QR codes pasted, so everyone can download relevant medical information directly from their smart phones and access it at any time, overcoming the flaws of printouts.

Information Equipment with a Human Touch

When asked whether the unit's information equipments are adequate in supporting nursing instruction, 51.3% agreed, 36.2% neither agreed or disagreed, and 12.5% disagreed. In comparison with previous questions, the satisfaction on this question was on the low end. With rapid development of technology, a variety of nursing instruction tools are been researched and developed. The hospital often fall behind on their purchases, however, and is incapable of satisfying the users' needs. The hospital has been proactively updating equipments like electronic whiteboard, tablets, and hospital-

wide Wi-Fi. It is worth noting that the acquisition of these equipments is for the purpose of improving the effectiveness of nursing instruction and to ensure that patients and families would receive adequate information. But what is more important is an accurate assessment of patients and their thoughts that aids in assisting patients with making informed decisions.

Time is advancing. Multimedia health education makes medical care more dynamic and more adapted to circumstances. Nursing staff must be armed with services that integrate technology and humanization. In addition to continuing vocational education, it is vital to focus on the details and internalize empathy for others.

On the last question, we asked the nursing staff whether they believe that they have the ability to engage in a SDM with patients, and 65.8% agreed, and among them 10.7% strongly agreed. Those who believed that they do not have the ability to engage in a SDM with patients occupied 4.2%.

JCT has been behind the promotion of SDM since 2015, with the goal to replace unilateral decision making by doctors with assist nurses in working with patients and families to make informed decisions, instead of unilateral decision making by doctors. Nurses, acting as the spokesperson for patients, have the responsibility to make patients understand their medical treatments, to elicit their thoughts and concerns. After Hualien Tzu Chi Hospital promoted mind mapping, the nursing staff grew aware that they need to provide nursing instructions to patients and families in accordance to patients' characteristics, that they need to first understand how patients thinks and their expectations, and then discuss with patients with their thoughts in mind.

For instance, when a patient hopes to be independent after discharge, nursing staff must first learn of such expectation, and then help achieve it by encouraging the patient to acquire a variety of self-care skills. Some treatment options can frighten patients. For instance a patient with nasopharyngeal carcinoma complicated by stage IV radiotherapy-induced oral mucositis had issues eating due to severe pain and ulcers. In this case, radiotherapy should be suspended, and the patient intubated. The patient was concerned with her appearance after intubation and rejected the option. In addition to providing care, the nurse first empathized with the patient, as they were both young mothers, and then discussed with the patient the consequences of intubation and non-intubation, and the patient's love for her child as well. The patient finally agreed to intubate, later completed her radiotherapy, and was discharged.

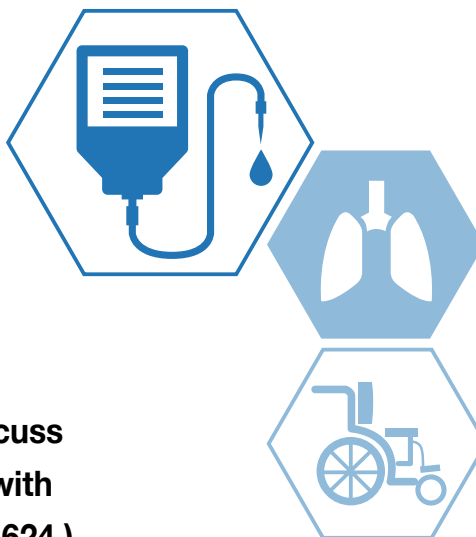
The critical components of SDM are knowledge, communication, and respect. Under the care of an authoritative medical system with unequal distribution of medical

Q6

Can the information equipment in my unit provide me with enough support to providing nursing instruction (Eg. network, computer, and tablet)? (N = 1,624)

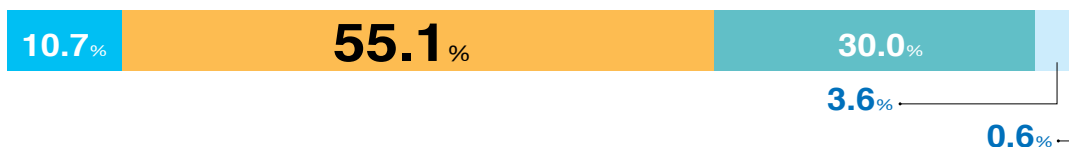


- Very much agree
- Agree
- Neutral
- Not agree
- Very much not agree



Q7

Do I have to ability to discuss shared decision making with patients/families? (N = 1,624)



knowledge, the elimination of that knowledge disparity is essential before discussing any decision-making. That is why nurses play a vital role in this process. They can be excellent SDM coaches. Before physicians discuss with patients their conditions and treatment plans, if nurses can understand patients' thoughts and concerns, it would greatly benefit the establishment of a positive physician-patient relationship, improve quality of care, and patient satisfaction; patients can then choose the most suitable care model according to their will, and reach a win-win situation for physicians and patients.