Patient participation in discharge planning decisions in the frame of Primary Nursing approach: A conversation analytic study

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ABSTRACT

Primary Nursing (PN) is a model of care delivery which is described to favor patient participation, as a Primary Nurse is responsible for coordinating all aspects of care including discharge planning. The purpose of this paper is to explore patient-nurse interactions in a rehabilitation clinic in which PN is used. Twenty-five interactions of video-recorded data involving 12 patients with their primary nurse were included in this paper and analyzed using conversation analysis, an inductive data-driven approach. Our findings suggest that nurses use two different communicative styles – a “reciprocal” or a “individual” perspective – when discussing discharge decisions with patients. While the “reciprocal” style is more collaborative approach, the “individual” communicative practice is more unilateral. Making those different approaches explicit might lead to refinement of Primary Nursing theories.

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1. Introduction

Patients' involvement in health care, especially their participation to make decisions regarding their discharge, has been discussed by different professionals, policy makers and social scientists in the last years (Aimborg, Ulander, Thulin, & Berg, 2009). Patient participation determines positive results in patients in terms of greater sense of personal control, increased satisfaction with treatment, lower subjective burden, better compliance with and transfer of advice into the daily routine of disease management and, consequently, better treatment outcomes (e.g. Flynn, Khan, Klassen, & Schneiderhan, 2012; Mitty & Post, 2008; Street, Gordon, Ward, Krupat, & Kravitz, 2005). As Huby and colleagues have highlighted (2004), discharge planning is a longstanding issue in health service development and research, but has acquired a new urgency in view of the current need to reduce pressure on acute care services. However, this construct of discharge planning is quite new and unexplored. Discharge planning is usually described as a process to coordinate the patient's continued care after discharge with the patient and other caregivers (Huby, Stewart, Tierney, & Rogers, 2004). It is considered a dynamic process that involves the patient, his/her family and the healthcare team requiring interactive communication and collaboration regarding a range of specific skills (Rorden & Taff, 1990). It is considered a dynamic process that involves the patient, his/her family and healthcare team requiring a range of skills with regards to interactive communication and collaboration (Rorden & Taff, 1990). This interactive process of communication – as detailed by Tarling and Jauffret (2006) inquires as well about elements regarding the patient’s care at home: all relevant aspects of treatment (drugs, physical rehabilitation, assistive devices), special needs and necessities of patients, the organization of home-services for patients, action plans for follow-up and check-up examinations. Results from prior studies about patient participation showed that most patients want to be informed about their illnesses, conditions and care, and desire to be involved in the decision-making process (Roter & Hall, 2006; Street et al., 2005), but patients feel that they lacked the strength and knowledge to influence decision-making (Nordgren & Fridlund, 2001). Evidence from research also indicates that there is a power imbalance between patients and nurses inhibiting the patients’ participation in decision-making (Henderson, 2003). Furthermore, it has been shown that a patient’s participation in different aspects of health care can have positive effects for the patient. Active participation seems to enhance quality of life and self-esteem, increase personal

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responsibility for their health and self-care, and satisfaction with outcomes (Cahill, 1998; Street, 2003). However, researchers identified multiple barriers to patient participation in discharge planning which can be related to language, problems of communication or the lack of information (Frejde, Macaulay, & Dingwall, 2009). Moreover, the literature on patient participation in discharge planning lacks reference to the way in which the organizational contexts and professional constraints shape interactions among patients, staff and patients’ family members (Dill, 1995; Varcoe et al., 2003). In the frame of discharge planning, the role of nurses is becoming more and more relevant (Atwal, 2002; Sheppard et al., 2010). For patients, the clinical encounter with nurses offers a venue in which they can learn more about their health conditions through open discussions and clear explanations about medical and treatment information that patients received from their physicians (Atwal, 2002). Yet, how this can be achieved in practice remains unclear. A recent body of literature has evaluated different nurses’ approaches to identify the ones that can encourage patient participation. Among these approaches, Primary Nursing is described as an innovative perspective in healthcare settings (Boykin, Schoenofer, Smith, St Jean, & Aleman, 2003; Jost, Bonnell, Chacko, & Parkinson, 2010).

1.1. Primary Nursing

Primary Nursing (PN) is a model of care delivery which emphasizes continuity of care by assigning one nurse to coordinate complete care for a small group of inpatients within a nursing unit of an institution (Manthey, Ciske, Robertson, & Harris, 1970; Manthey, 2002). PN is expected to favor patient participation within clinical contexts. The primary nurse is responsible for coordinating, together with all professionals (physicians, physiotherapists, social workers), various aspects of care including discharge planning (Boykin et al., 2003; Jost et al., 2010). For the duration of a patient’s stay at the rehabilitation clinic, the Primary Nurse accepts responsibility for administering some and coordinating all aspects of the patient’s care. From a communicative point of view, patient information is elicited by the Primary Nurse who communicates it directly and proactively with team members. The Primary Nurse is responsible for integrating information and coordinating care. In this sense, communication with patients as well as team members is practiced in a direct way (Manthey, et al., 1970; Manthey, 2002).

While it is known that communication is key to discharge planning and that Primary Nursing might be one approach to favoring patient participation, it is so far not clear how PN looks like in practice and whether it achieves the intended outcome.

Recently, Collins, Drew, Watt, and Entwistle (2005) have identified some modalities that might improve participation in health context basing their consideration on a wide spectrum of conversations in health context across several clinical settings. Particularly, the authors, even though they did not analyze the role of PN in particular, have identified two trajectories in participation: a more “bilateral” approach where participation arises during consultations, negotiated by the health professionals and the patients, and a more “unilateral” approach, where the health professional conducts the conversation and moderates the level of participation “structuring it independently of his or her conversation with the patient” (Collins et al., 2005; p. 2613). According to the authors, these approaches ‘twist and turn’ throughout the conversational process that is initiated by the health professional and enable patients to participate – at different levels – in their decision. This process follows these specific phases as presented in Table 1.

The research of Collins et al. (2005) has represented a guide for our analysis.

2. Aim

The aim of this study is to identify communicative practices in patient–Primary Nurse interactions during discharge discussions in a rehabilitation hospital.

3. Methods

3.1. Conversational analysis

Conversation Analysis (commonly abbreviated as CA) is an inductive and data-driven method that directly considers how participants make sense of the other’s action (Heath & Hindmarsh, 2002). Conversation analysis is a method that unswervingly evaluates how participants use their communication. It is structured on direct investigations of communication patterns between two or more agents that interact themselves, they attribute meanings to the discourse and construct a form of communication (Drew, Chatwin, & Collins, 2001). The exploration of conversations follows the viewpoint of participants’ considerations of one another’s actions, rather than starting from researcher’ views of what is happening (Drew et al., 2001). CA has increasingly been used to analyze medical interaction (Heritage & Maynard, 2006) as well as other health professional interaction, including nurse-patient interaction (Jones, 2009). The detailed analysis of both verbal and non-verbal aspects of talk is a suitable method to identify communication strategies (Drew et al., 2001).

3.2. Participants

Patients were recruited from a rehabilitation Centre in the Southern region of Switzerland. Inclusion criteria were as follows: currently undertaking rehabilitation at the institution, being able to communicate in Italian, and having given informed consent. Fifty-two patient-health professional interactions involving 12 patients were video-recorded, but for the purpose of this paper, only the 25 interactions between patients and their primary nurse are analyzed. See Table 2 for details of patient participants. Each patient took part in three consultations with the Primary Nurse (at the beginning of the stay, in the middle and at the end of the stay). Consultations covered a wide range of topics: impairments, activities, mood and emotions, special needs and requests, phases of rehabilitation program, discharge planning activities, but for the purpose of this article, the focus was on discharge discussions. More detailed information are included in the Appendix.

3.3. Procedure and data analysis

Each consultation was videotaped by the first author (SR) using a digital camera. Sequences related to discharge or goal discussions were selected (when aspects of discharge are discussed or goals are explicitly referred to), viewed and reviewed collectively by the authors. The first step was to make comprehensive notes on sequences of decision making and patient participation. This overview included aspects such as rehabilitation program options, and what type of information was provided. We evaluated characteristics of design and delivery of questions and responses, and identified the communication features they contained. More specifically, we identified typical paths of decision-making based on our data and described how the specific interactions gave opportunities for patients’ involvement in discharge planning. We noted that the format of the interview used by Primary Nurses influenced patient participation significantly (see Appendix).

The instances in which goal and discharge issues were discussed were then transferred to ELAN 4.4.0 (Max Planck Institute, Netherlands) and transcribed by the first author using Jefferson’s
Table 1
The decision-making trajectory according to Collins et al. (2005).

<table>
<thead>
<tr>
<th>Phase</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Opening the decision making sequence</td>
<td>Identifying the problem to discuss</td>
</tr>
<tr>
<td>(2) Presentation and evaluation of the test results or diagnosis</td>
<td>Discussing about choices and possibilities to solve the problem</td>
</tr>
<tr>
<td>(3) Introduction of the decision point</td>
<td>Initiating a way/strategy to make a decision and solve the problem</td>
</tr>
<tr>
<td>(4) Consideration and discussion of options</td>
<td>Evaluating options, pros and cons</td>
</tr>
<tr>
<td>(5) Conclusion of the decision making</td>
<td>Selecting the option and the course of action</td>
</tr>
</tbody>
</table>

(2004) transcription conventions. Particular attention was paid not only to patients' talk and actions but also to pauses, and non-verbal aspects of talk. The analytic focus was on aspects such as how turns were taken (wording and intonation of questions), what vocabulary was used, how sequences were organized (how a sequence is initiated and closed down) and whether there were interactional asymmetries (Heritage, 1997). Through this detailed approach, particular attention can be paid to both patient's and nurse's participation in the discussion, how participants manage the interaction and what communicative styles were used to address issues related to goals and discharge. For the purpose of readability we only talk about “discharge”, however, including goal discussions. The data in this paper is presented using a two line translation, the first line in the original language, and the second line an English idiomatic translation (Jenks, 2011).

4. Results

Significant differences emerged from the analysis in how nurses approached and elicited patients' opinions and comments during consultations. Taking as a reference point the work of Collins et al. (2005), we identified that Primary Nurse's activities of communication in discharge planning range from a more “reciprocal” to a more “individual” style. In the “reciprocal” perspective, discharge topics were discussed as a central part of communication in consultations, negotiated by the nurse and the patient, and relied partially on patient's opinions and requests. In the more “individual” perspective, the Primary Nurse appears to have a less collaborative approach in which the nurse discussed the discharge planning more unilaterally, conveying it as somewhat independent of his or her conversation with the patient.

However, in both “reciprocal” and “individual” perspectives, Primary Nurses were able to favor discussions on discharge planning with patients using the “fixed points” of the interview (see Appendix). It was composed by key phases helping patients to express themselves, to make requests and to define plans and activities related to their discharge.

Both perspectives were found across different rehabilitation programs, but they tend to vary with regard to the phase of the rehabilitation stay. Let's now turn to the questions both Primary Nurses used in their interviews with patients. The examples include two sequences, one concerning the middle-term consultation of the rehabilitation program in a young patient (PT 1) hospitalized for a knee injury and one concerning the final consultation with an elderly patient with hip problems (PT 2). We selected these cases from our data because they illustrate nicely the contrast between, “reciprocal” and “individual” perspective.

4.1. The Primary Nurse interview

Primary Nurses interviews with patients, independently from the phase of the rehabilitation program, can be characterized by some main key phases that foster patient participation and discussion about their discharge:

- The “opening phase” sets the scene for presenting and characterizing the phase of the rehabilitation program that the patient is following (e.g. starting phase, middle-term phase or final phase).
- The “emotional contents phase” provides opportunities for talking about patients' feelings and emotions and reflecting on patients' state of mind.
- The “introduction of the discharge planning phase”, where the nurse introduces themes about discharge planning such as current activities prior to the discharge, organization of external services, and identification of special needs.

Table 2
Background information of patients.

<table>
<thead>
<tr>
<th>Patient</th>
<th>Age</th>
<th>Type of rehabilitation</th>
<th>Duration of rehabilitation</th>
<th>Health problem</th>
<th>Section of videotaping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pt1</td>
<td>53</td>
<td>Knee rehabilitation</td>
<td>3 weeks</td>
<td>Knee surgery after bike accident</td>
<td>Middle term consultation (final)</td>
</tr>
<tr>
<td>Pt2</td>
<td>70</td>
<td>Internal medicine rehabilitation</td>
<td>3 weeks</td>
<td>Joint stability problems</td>
<td>Final consultation (final)</td>
</tr>
<tr>
<td>Pt3</td>
<td>76</td>
<td>Hip rehabilitation</td>
<td>3 weeks</td>
<td>Hip replacement</td>
<td>Middle term + Final consultations</td>
</tr>
<tr>
<td>Pt4</td>
<td>83</td>
<td>Knee rehabilitation</td>
<td>3 weeks</td>
<td>Knee replacement</td>
<td>Middle term + Final consultations</td>
</tr>
<tr>
<td>Pt5</td>
<td>75</td>
<td>Post-trauma rehabilitation</td>
<td>4 weeks</td>
<td>Multiple fractures after car accident</td>
<td>Middle term + Final consultations</td>
</tr>
<tr>
<td>Pt6</td>
<td>46</td>
<td>Post-trauma rehabilitation</td>
<td>4 weeks</td>
<td>Brain injury and knee surgery after motorbike accident</td>
<td>Middle term + Final consultations</td>
</tr>
<tr>
<td>Pt7</td>
<td>61</td>
<td>Oncological rehabilitation</td>
<td>3 weeks</td>
<td>Liver cancer</td>
<td>Middle term + Final consultations</td>
</tr>
<tr>
<td>Pt8</td>
<td>55</td>
<td>Knee rehabilitation</td>
<td>3 weeks</td>
<td>Knee replacement</td>
<td>Middle term + Final consultations</td>
</tr>
<tr>
<td>Pt9</td>
<td>82</td>
<td>Hip rehabilitation</td>
<td>3 weeks</td>
<td>Hip replacement</td>
<td>Middle term + Final consultations</td>
</tr>
<tr>
<td>Pt10</td>
<td>75</td>
<td>Oncological rehabilitation</td>
<td>3 weeks</td>
<td>Colorectal cancer</td>
<td>Middle term + Final consultations</td>
</tr>
<tr>
<td>Pt11</td>
<td>55</td>
<td>Post-trauma rehabilitation</td>
<td>4 weeks</td>
<td>Legs fractures for industrial accident</td>
<td>Middle term + Final consultations</td>
</tr>
<tr>
<td>Pt12</td>
<td>29</td>
<td>Internal medicine rehabilitation</td>
<td>2 weeks</td>
<td>Joint stability problems</td>
<td>Middle term + Final consultations</td>
</tr>
</tbody>
</table>

Note: PN = Primary nurse.

* Sections analyzed and described in the paper.

** Sections analyzed but not described in the paper.
The “consideration and discussion of discharge” phase in which one or more discharge dates are identified and discussed.

The “conclusion of the interview phase” presents the chosen course of action (a treatment selection, or agreement to continue discussion on another occasion) and the closing down of the consultation.

These phases represent the core topics discussed by Primary Nurses with each patient in accordance with the guidelines of the clinic even though nurses are not required to follow a precise and structured interview protocol and every health professional discussed these topics with his/her personal style. Interestingly, these phases appear in line with the work of Collins et al. (2005) and this affinity has also contributed to take their work as a reference point; however, differently from the previous research, these specific phases are more oriented to discharge planning discussions between Primary Nurse and patient.

Example 1. The first example derives from a consultation between one Primary Nurse and a patient hospitalized after a bicycle accident. The patient and the Primary Nurse are sitting close to patient’s bed facing each other and speaking about the rehabilitation program and the goals achieved during the first week of the stay at the rehabilitation clinic.

4.2. Introduction of the discharge planning phase

The difference between the “reciprocal” and the “individual” style becomes apparent in the “introduction of the discharge planning phase”.

The “reciprocal” case

| 1 | PN1 | E invece proiettato ι alla prossima settimana (dimissione) |
| 2 | pt | looking the patient |
| 3 | =si va avanti così (. ) c'è qualcosa= |
| 4 | =if you go head in this way (. ) would you want= |
| 5 | =che manca c’è qualcosa di troppo . h di poco? |
| 6 | =is there anything missing, something too much to less? |
| 7 | pt | looks in direction of PN1, nodding |
| 8 | (0.4) |
| 9 | PT | N::o, io penso che cosi più o meno dovrebbe= |
| 10 | No, I think things are going on well also= |
| 11 | =anda re . h perché anche con l::a fisioterapia assistita |
| 12 | =because with the assisted physiotherapy |
| 13 | (0.4) |
| 14 | PN1 | Mhm mhm |
| 15 | pn | nodding |
| 16 | PT | Poi; vediamo; se qua- settimana prossima= |
| 17 | Then let’s see if next week |
| 18 | possono aggiungere fisioterapisti qualche= |
| 19 | the physiotherapists can add some more= |
| 20 | esercizio in più in palestra o in piscina= |
| 21 | exercises for the gym or for the swimming pool= |
| 22 | =o::: o cosa .h ch:::e appunto trovo molto . h molto= |
| 23 | =I found them very |
| 24 | =pratico perché ci si accorge che si riesce= |
| 25 | =practical and one realizes that one can= |
| 26 | a camminare senza stampelle e::: (0.3) e questo= |
| 27 | walk without crutches and that= |
| 28 | PN1 | Ok . h questo eventualmente lo si può anche= |
| 29 | Ok, eventually this can be also= |
| 30 | =segnalare al suo terapista che è ***= |
| 31 | =pointed out to your physiotherapist, ***= |
In the beginning of the consultation, the nurse poses several open questions (line 3 – “is there anything missing, something too much to less?”). Using a non-formal style, it gives the patient the opportunity to express his opinion and/or request. In the expression of the request, the nurse actively listens to the patient (line 8 – nodding, orienting her gaze toward the patient). In this context, the patient non-verbally orient as being part of the conversation (line 3 – “pt looks in direction of PN1 and nodding”), and then starts to participate in discharge discussions (lines 5–14). The nurse listens actively (line 8 – nodding; Stivers, 2008) and acknowledges the patient’s request (lines 15 and 16 – “Ok, eventually this can be to point out to your physiotherapist”), thereby closing down this part of the discussion.

**Example 2.** The second example is from a consultation between one Primary Nurse and an elderly patient hospitalized for a general rehabilitation program. In this sequence, the patient and the Primary Nurse are sitting close to each other and speaking about activities before his discharge.

4.3. The ‘individual’ case

By comparison with the “reciprocal” perspective in Example 1, the case below displays features of an ‘individual approach’.

---

1 PN2 N[el senso che sente che] comunque=

2 =sono sufficienti le terapie che sta facendo oppure vorrebbe=

3 =fare qualcosa anche in più?

3 PT2 Maah::: No no

4 PT2 [uhm]uhm

3 PN2 Se fosse possibile fare un richiamo[o]

5 PT2 [uhm]uhm

4 PN2 Quindi anche di poter anche programmare=

5 =e:: per esempio programmare; .hh nel giro di un paio di anni

6 =and for example to plan in a couple of years

7 =un altro ricovero al fine di manten[ere]

8 PT2 [Si] si si

9 PN2 E il fatto di fare una fisioterapia u::n po’ di piu’ di una=

10 =volta la settimana a casa (.) come rientro .h a domicilio=

11 PN2 nodding

12 =potrebbe essere una cosa buona?=

13 PT2 nodding

14 PN2 =magari anche da proporre come richiesta al medico?

**=** we omitted the name of the physiotherapist for privacy reason.
Having explained that the patient is at the end of his rehabilitation program, the Primary Nurse then proceeds with a careful description of the options before and after his discharge (lines 2 and 3 – “Would you like to do a bit more?, line 9 – “And the idea to do physiotherapy more than one time?”) This is done independently of the patient’s considerations. The more individual perspective is reinforced also by non-verbal cues (line 6 – rising intonation ↑ – or nodding line 10). This approach seems to invite the patient to express his opinion and to participate in his treatment choices. The patient expresses this in different forms of agreement (repeating and “uhm, uh” in line 4, “yes” – line 8 or nodding – line 10). The patient demonstrates understanding of the nurse’s suggestion, and his agreements are often in overlap with the nurse’s continuation and assertions.

4.4. Overview of the “reciprocal” and “individual” characteristics perspectives in Primary Nursing approach

The consultations described above are two representative examples of the selected 25 interactions analyzed in this study. Indeed, 64% of conversations can be assigned to a more “reciprocal” approach (N = 16) while the 36% remaining conversations can be described as a more “individual” approach (N = 9). These two consultation styles described in the PN approach are helpful with regard to two points. Firstly, it shows how features of “reciprocal” and “individual” perspectives hold across different rehabilitation programs (e.g. trauma rehabilitation or general internal medicine), type of meetings (first consultation, middle-term consultation, final consultation) and type of decisions discussed. Secondly, discharge planning decisions tend to be discussed collaboratively, irrespective from the perspective (“reciprocal” or “individual”). Patient participation is manifested in the “reciprocal” perspective as follows: the nurse asks patients to make comments and to express opinions during the consultation in order to maximize patient participation; on the other side, in the “individual” perspective, the nurse stimulates patient participation by eliciting responses, proposing comments or ideas that the patient can accept and agree upon in order to create a good conversational context for participation.

5. Discussion

This study has explored patient–nurse interactions, in relation to patient participation in the context of discharge planning from a rehabilitation clinic. As has been reported elsewhere (e.g. Roter & Hall, 2006; Street et al., 2005) that participation and decision making may be facilitated (or hindered) through the interactional work of patients and healthcare professionals. In this study, we showed that patient participation is well supported during nurse consultations, and that there are two types of nurses’ communicative styles: a “reciprocal” or an “individual” approach. This analysis has identified some communicative features associated with the two styles. The “reciprocal” and “individual” approaches have implications for different forms of patient participation. Although we cannot examine in detail here how patients’ turns are constructed in response to nurse talk, we offer some preliminary observations about apparent differences in interactions in discharge planning when nurses adopt “reciprocal” and “individual” approaches. Using a “reciprocal” style, the nurse talks in a way which actively pursues patient’s contributions (active listening – Hutchby, 2005; Stivers, 2008), providing places for the patient to join in, and building on any contributions the patient makes: e.g. letting patient to express opinions and requests; eliciting statements of preference from the patient. In the “individual” approach the nurse talks in a more unilateral way with the patient: e.g. the nurse proposes treatment options and activities to the patient, introduces solutions to the patient. Those two different communicative practices can be compared to the ‘unilateral’ and ‘bilateral’ decision-making approaches in primary care described by Collins et al. (2005). Their findings indicate that “in a more ‘bilateral’ approach, decision-making was enacted as an integral part of communication in consultations, negotiated between the practitioner and the patient, and dependent in part on the patient’s contributions. In more ‘unilateral’ approaches, the practitioner more or less autonomously conducted the decision-making process structuring it somewhat independently of his or her conversation with the patient.”

Collins et al. (2005, p. 2613)

While the discharge discussions cannot be compared to the decision-making context in the cited study, it shows that different communicative styles exist and that health professionals can adapt their practices to either their own communication styles or that of their patients. Our data suggest, first, that both approaches are present, although to varying degrees, and, second, they both are able to support patient participation to a certain extent. These aspects are related to the format of the nurse’s interview (Primary Nursing) which seems to favor patient participation. This interview format is characterized by key phases that foster patient participation and discussion about their discharge. Particularly, questions about feeling and emotions and discharge activities appeared to be important to stimulate discussion and make proposals.

6. Conclusion

Using conversational analysis, we have examined two types of interactions between Primary Nurses and patients and have described the most important characteristics of a “reciprocal” or a “individual” approach. This analysis has shown new advances on patient’s participation in the context of discharge planning; how it is expressed and how it is incentivized. In clinical contexts in which patient participation is advocated (such as rehabilitation settings), it might be recommended that clinicians (nurses, practitioners, physiotherapists) consider the adoption of a Primary Nursing approach. Further research is needed to refine the characterization of these approaches and to investigate the extent to which they really facilitate greater patient participation in other clinical settings as well (e.g. acute care setting). This analysis highlights the PN approach as a resource and stimulates new theoretical and methodological considerations: medical and nursing education might want to consider practical interventions to import the knowledge and the principles of PN approach in clinical practice across different clinical settings.

Competing interests

The authors declare that they have no competing interests.

Authors’ contributions

RS, as first author, carried out the video-recording of the data, did the translations of the conversations in two languages and performed the analysis, participated in the design of the study and drafted the manuscript. PJS was the reference investigator for Canton Ticino, participated in the design of the study and in writing of the paper. LS participated in video-recording. VS was the Principal Investigator of this study in all Switzerland and developed the design and the coordination the study, participated in the translations of the conversations in two languages, checked the analysis of the data and participated in writing the paper. All authors read and approved the final manuscript.
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Appendix A. The structure of Primary Nursing Consultations

The PN consultations are structured in three main moments within the rehabilitation program: the first consultation, at the beginning of the rehabilitation period, the middle-term consultation, usually performed in the middle of the program and the final consultation, immediately before the patient’s discharge.

Each consultation is characterized not by prefixed questions but by guidelines (fixed points) what should be discussed with the patient:

First consultation:
- Medical history
- Treatments and drugs
- Diet style
- Goals of rehabilitation
- Personal information to share before starting the program

Middle-term consultation:
- Rehabilitation goals to confirm or to adjust
- Ongoing rehabilitation program
- Relationships with health professionals
- Adjustment of program (eg. gym, physio, diet programme, etc)
- Expectations
- Problems
- Proposals and personal views

Final consultation:
- Evaluation of goal achievement
- Discharge plan:
  • Date
  • Organizational activities with social worker within the clinic
  • Organizational activities with support services at home
  • Facilities and transportation
- Satisfaction
- Problems

References


