

The Impact Of Nurse-Led Health Literacy Initiatives On Patient Understanding

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Abstract

With the growing number of nurse-led clinics in response to the requirements of the health system, the assessment has mostly focused on clinical results and cost. Although patient experiences have received less academic attention, they play a crucial role in therapeutic outcomes and serve as an indication of person-centred treatment. It is necessary to do a comprehensive analysis of the current research in this field. To evaluate the qualitative evidence about the variables that influence the experience of patients who visit nurse-led clinics and compare it with the essential components of person-centred care. The published research was retrieved from databases such as CINAHL, PubMed, Medline, and PsycINFO. The main topics concerning the creation of a therapeutic connection, efficient communication, and professional skills and teamwork strongly aligned with the person-centred care paradigm. Factors related to person-centred care significantly influenced patients' subjective experience. Additional research is necessary to address the task of implementing the fundamental principles of the person-centred care model into routine nursing practice.

Keywords: Nurse, health literacy, patient care, review, therapeutic connection, efficient communication.

1. Introduction

In order to improve global health, it is necessary for healthcare services to effectively address the needs and aspirations of individuals, as stated by the World Health Organization in 2012. Regardless of whether individuals have consistent interactions or sporadic contacts with the healthcare system, their experiences have an impact on their healthcare behavior and, ultimately, their overall health result (Wilcock et al., 2003; Stein-Parbury, 2009). Service providers must comprehend strategies to alleviate the emotions of vulnerability, anxiety, and dread that patients may encounter while interacting with the healthcare system (Lloyd-Williams et al., 2005; Gilmartin & Wright, 2008; Stein-Parbury, 2009).

Nurse-led clinics have emerged as the first point of contact in several basic and secondary healthcare settings. The introduction of these new services has required the creation of new, specialized nursing positions that need a particular combination of skills tailored to the unique environment. Nurse-led clinics have become prevalent in both hospital and community settings, although they vary in type and frequently need the expertise of advanced practice nurses specializing in certain areas such as continence, cancer, or cardiology (Bonsall & Cheater 2008, Desborough et al. 2012).

Prior studies have mostly examined health outcomes, expenditures, and patient safety when comparing doctor-led care versus nurse-led care (McCormack 2003, Laurant et al. 2004, Flynn 2005, McCaughan et al. 2008). Quantitative measurements of patient expectation and satisfaction have been conducted in several specialty nurse-led clinics, such as preoperative, orthopaedic, continence, and cancer clinics (Shaw et al. 2000, Koinberg et al. 2002, Gilmartin 2004, Flynn 2005). Although nurses are seen as a viable substitute for conventional clinics run by medical professionals, their approach is centered upon the individual, which is likely to influence the experiences of patients (Horrocks et al. 2002, Hatchett 2003, 2005, McCormack & McCance 2006, Wong & Chung 2006). Qualitative research examining patient experiences in nurse-led clinics may provide valuable insights to those developing nurse-led services, provided that this research is effectively translated into a format that can be integrated into practice.

The notion of 'person-centredness' was first introduced by Carl Rogers (1988) and has subsequently been widely used in international policy, health care planning, and nursing

frameworks. Governments, health care organizations, and advocacy groups advocate for the use of a person-centered approach in health care. This approach emphasizes the individual and aims to satisfy the needs and expectations of patients, ultimately leading to enhanced patient experiences (Kitson et al., 2012). The technique is thought to foster a therapeutic alliance, enhance patient decision-making, foster mutual trust and respect, while promoting autonomy, empowerment, and comprehensive healthcare. A comprehensive narrative review and synthesis of research on person-centred care identified three fundamental components: active involvement and engagement of patients, the quality of the connection between patients and healthcare professionals, and the overall care setting and availability of resources (Kitson et al., 2012). These characteristics, in conjunction with a widely used framework (Kitwood 1997, McCormack 2003, Bernstein 2006, McCormack & McCance 2006, IAPO 2009, McCance et al. 2009, Kitson et al. 2012, Rademakers et al. 2012), provide a valuable perspective on the components of person-centred care. By comparing patient experiences to person-centred frameworks, those who are contemplating changes to practice will get clear guidance.

Although a few systematic reviews on various elements of nurse-led clinics have been conducted since 1995, none of them particularly addressed the study question: What variables influence patients' subjective experiences of nurse-led clinics? This systematic review will comprehensively assess and analyze research on this issue.

2. Providing patients with respectful and individualized care helps to a great experience

Four studies have shown a correlation between patients feeling respected and treated as people, and the development of a therapeutic connection (Aquilina & Baldacchino 2007, Beaver et al. 2010, Shigaki et al. 2010, Wehbe-Alamah et al. 2011). The investigations shed light on the patients' assessment of the nurses' compassionate demeanor and promptness. According to Wehbe-Alamah et al. (2011), African American women who visited an urban nurse-managed clinic emphasized the significance of a nurse possessing a comprehensive understanding of their cultural values and lifestyles in order to enhance their overall experience. Studies have shown that patients visiting clinics in metropolitan and mid-western areas of the US, Malta, and the UK value a

nonjudgmental attitude from nurses. This finding was reported by Aquilina & Baldacchino in 2007, Beaver et al. in 2010, and Shigaki et al. in 2010. In all of these trials, it was crucial for patients to have a sense of respect and be seen as distinct persons.

3. Enhancing the patient's experience and providing treatment that is focused on the individual

This systematic study has emphasized the strong correlation between patients' subjective experience of nurse-led clinics and the person-centred care paradigm. The connections between the results of this comprehensive analysis and the fundamental components and structure of person-centred care are shown in Fig. 3. This comprehensive research identified three primary determinants that influence the patient's perception of nurse-led healthcare: the establishment of a therapeutic alliance, proficient and efficient communication, and the clinical expertise and cooperation between the nurse and the patient. This aligns well with the findings of Kitson et al. (2012), whose analysis of various narratives concluded that person-centred care has three key components: active involvement and collaboration of patients, the quality of the patient-health professional relationship, and the overall care environment and availability of resources. Kitson et al. (2012) sought to discover shared aspects of person-centred care across the fields of health, medicine, and nursing. across contrast, the purpose of this systematic review was to examine the variables that influence patients' subjective experiences in nurse-led clinics. However, there are evident commonalities in the results of both studies. Both assessments reached the same conclusions, identifying three common central themes related to person-centred care and pleasant patient experiences. This strengthens the findings of the research.

Essential components of person-centred care and patient experience

The establishment of a therapeutic connection has a beneficial effect on patients' perceptions of nurse-led healthcare. The key elements that contribute to a therapeutic relationship include respect, individualization, interpersonal skills, trust, openness, availability, and holistic healthcare. The nurse-patient interaction is a fundamental aspect of person-centred care and patient experience (Kitson et al., 2012).

To ensure patients' active involvement and commitment to their health care, it is necessary to have considerate and efficient communication. Collaboration or collaboration in healthcare enables people to gain autonomy and take control of managing their own disease. Active involvement and active involvement of patients is a fundamental aspect of treatment that focuses on the individual and their experience as a patient (Kitson et al. 2012). According to the person-centred model of care, patients think that when they have a say in their own healthcare and are involved in making decisions, it leads to improved health behavior and a better experience at the nurse-led clinic (Moser et al. 2007, Wehbe-Alamah et al. 2011). Effective communication plays a crucial role in establishing a positive nurse-patient connection, instilling trust in the healthcare being provided (Ward et al., 2007). The connection between person-centred care and successful communication is well shown in several literature sources, including those in the fields of health, governance, and nursing (Kitson et al., 2012). The amount of health literacy or education also impacts the expectations of those receiving health care (Swenson et al., 2004; Rademakers et al., 2012). Similar to previous studies, this study discovered that in order for patient engagement and involvement to happen, it is essential to use communication tools that are customized to people's level of comprehension. Decreased health literacy is associated with inadequate treatment of chronic disease and has been identified as a "social determinant of health outcomes" (Edwards et al., 2012, p. 1).

Nurses are expected to possess advanced clinical skills and a vast amount of medical knowledge, according to patient expectations. The idea of person-centred care, which involves the provision of skilled and competent nursing personnel who provide comprehensive health care, has been demonstrated to impact patient confidence throughout treatment episodes. Confidence mitigates the sensations of anxiety, vulnerability, and dread that patients may experience (Gilmartin & Wright, 2008; Stein-Parbury, 2009). Patients develop confidence in the nurse, fostering a cooperative rapport aimed at achieving a favorable health result (Williams & Jones, 2006; Wehbe-Alamah et al., 2011).

Nurse-led clinics facilitate long-term patient consultations, fostering the establishment of a therapeutic connection with the same nurse. This refers to the notion of person-centred care, which involves creating a supportive and easily accessible

healthcare environment (Hatchett 2005, Kitson et al. 2012). The healthcare setting and availability of resources are fundamental aspects of person-centred treatment and patient experience (Kitson et al., 2012). Individualized treatments are necessary for patients in order to preserve their autonomy (Moser et al., 2007; Gilmartin & Wright, 2008). A nurse-led clinic is built around the principles of accessibility, professionalism, clinical expertise, and medical knowledge, all within a well-established system of care. This method involves the administration of medical care by highly skilled nurses (Forbes & While 2009).

Nurses must cultivate and enhance their abilities to perceive and understand the specific requirements of persons in order to fulfill the expectations of those under their supervision. The demeanor and interpersonal aptitude of nurses are crucial elements in enabling patients to feel assured and empowered to actively participate in their own healthcare. The establishment of a therapeutic connection might be seen as a distinct professional competence (Stein-Parbury 2008, Kitson et al. 2012). Person-centred care establishes a structure for guiding the development of interpersonal and therapeutic connections rooted on empathy, compassion, transparency, and respect. Therapeutic connections with healthcare providers boost patients' confidence, motivating them to actively participate and engage in their treatment, resulting in better health results.

Providing treatment that focuses on the individual's requirements has a significant effect on how patients perceive their healthcare experience. The primary results of this review align with the fundamental components of person-centred care. Within the dynamic realm of healthcare, the notion of compassion has remained steadfast in nursing practice, but sometimes overshadowed by the evidence-based nature of the profession (Green et al., 2009). The traits of relationship, attitude, acceptance, and action are key components that contribute to the idea of caring in the field of nursing (Brilowski & Wendler, 2005). The fundamental elements of a therapeutic relationship, including respect, empathy, compassion, and interpersonal skills, together with good communication, combine to provide the foundation of person-centred treatment (McCormack 2003, Bernstein 2006, McCance et al. 2009, Kitson et al. 2012, Rademakers et al. 2012).

4. Conclusion

In order to get insights into patient experience, it is crucial to attentively listen to patients and convert the gathered information into a format that can be effectively used to enhance services. Patients' subjective lived experiences provide a distinct viewpoint on the aspects that lead to a more favorable healthcare visit. Ignoring this issue has the potential to generate an inefficient healthcare service, leading to unfavorable health effects. The findings of this systematic study indicate that the principles of the person-centred care model significantly influence patients' subjective perception of nurse-led healthcare. In order to have an impact on clinical practice, the findings of this research must be converted into an instructional framework.

The results of this evaluation serve as a benchmark for future educational programs and research, representing the most effective methods and practices. The ethical and professional standards upheld by worldwide professional associations (ANMC 2012) are based on the idea of person-centred nursing. The task of incorporating the fundamental principles into routine nursing procedures is comprehended (McCormack & McCance 2006). Longstanding nursing professionals must engage in continuing professional development to review their competence and professional standards. Additionally, they should get refresher training in effective communication and interpersonal skills within their specific specialties.

Input from patient experiences has emerged as a potent instrument in influencing health care policy formulation by countries and international entities. Current research on patient experience of nurse-led clinics has not yet examined the phenomena across all existing services. Additional study is necessary to investigate the effects of nursing interventions in order to accurately depict the patient's experience with nurse-led healthcare.

Implementing person-centred care principles into everyday nursing practice is widely acknowledged as a difficult task. Understanding patients' experiences and recognizing the significance of person-centered, tailored care might potentially enhance the design of future training and re-training initiatives for fundamental nursing competencies. This is noteworthy because the conclusions derived from this analysis indicate that the abilities of nurses play a crucial role in fostering pleasant patient experience and improving health outcomes.

The experiences of patients are a crucial factor in healthcare and need nurses to provide person-centered, individualized, skilled care and emotional support. Emerging care models include the principle of person-centred care and its associated suggestions, while there is a dearth of precise details. Failure to address the difficulty of implementing person-centred care in everyday nursing practice might have significant financial implications.

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