

# Acceptability of the Tell-us card in somatic nursing home wards: a qualitative feasibility study

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## **SAMENVATTING**

**Inleiding:** Om cliëntparticipatie te vergroten is een effectieve communicatie tussen de cliënt en zorgverlener noodzakelijk. De Vertelkaart is ontwikkeld ter verbetering van deze communicatie in het ziekenhuis, maar tot op heden nog nooit getest bij oudere cliënten in het verpleeghuis.

**Onderzoeksvragen:** Wat is de aanvaardbaarheid van de Vertelkaart vanuit het perspectief van somatische cliënten en verpleegkundigen/verzorgenden in een verpleeghuis? Wat zijn inhoudelijk de wensen die somatische verpleeghuis cliënten invullen op de Vertelkaart?

**Methoden:** Een kwalitatieve haalbaarheidsstudie is van december 2015 tot en met juli 2016 uitgevoerd. Een somatische afdeling in een verpleeghuis in Nederland werd benaderd voor deelname. Alle cliënten en verpleegkundigen/verzorgenden die bereid waren om deel te nemen aan de studie werden gevraagd deel te nemen. Data werd verzameld door middel van 2 focusgroep gesprekken met verpleegkundigen/verzorgenden (n=11) en think-aloud interviews met somatische cliënten (n=11). Data werd geanalyseerd met een thematische analyse.

**Resultaten:** De resultaten van de focusgroep toonde aan dat de Vertelkaart verschillende belemmerende factoren voor verpleegkundigen/verzorgenden had, zoals financiële beperkingen en gebrek aan tijd. Voor cliënten waren er voornamelijk beperkingen in schrijfvaardigheden en leesvaardigheden, die het gebruik nadelig beïnvloedden. De bevorderende factor was dat de Vertelkaart ondersteunend zou kunnen zijn in het bespreekbaar maken van de wensen van de cliënt. Alle verpleegkundigen/verzorgenden en ongeveer een derde van de cliënten hadden de intentie om de Vertelkaart te gebruiken. Ongeveer een derde van de cliënten wilde geen regie hebben in de zorg en gaven aan geen wensen te hebben om te vermelden op de Vertelkaart. Andere wensen waren gerelateerd aan basiszorg of activiteiten.

**Conclusie:** De Vertelkaart is beperkt aanvaardbaar in een somatisch verpleeghuis.

**Implicatie:** Verpleegkundigen/verzorgenden moeten aansluiten bij het niveau cliëntparticipatie dat de cliënt wenst. Verder onderzoek is nodig naar de rol van de cliënt en verpleegkundigen/verzorgenden hierin.

**Kernwoorden:** Vertelkaart, Cliëntparticipatie, Somatisch, Verpleeghuis, Communicatie.

## **ABSTRACT**

**Introduction:** Effective communication between nursing staff and clients is inevitable. The Tell-us card is developed to improve this communication in hospitals. However, it has not been tested on older clients in nursing homes.

**Research questions:** What is the acceptability of the Tell-us card from the perspectives of somatic nursing home clients and nursing staff? Which content will be reported on the Tell-us card by somatic nursing home clients?

**Methods:** A qualitative feasibility study was conducted between December 2015 and July 2016. All nursing staff and somatic clients of a selected somatic ward of a nursing home in the Netherlands who had the willingness to participate in this study were invited. Data was collected from 2 focus groups with nursing staff (n=11) and think-aloud interviews with somatic clients (n=11) and analysed using a thematic analysis.

**Results:** The Tell-us card had several barriers like financial strains and time restrictions for nursing staff. Writing and reading disabilities were the main barriers for clients to use the Tell-us card. However, the Tell-us card could support clients and nursing staff to start a conversation about her/his needs and wishes. All nursing staff and approximately one third of the clients have the intention to use the Tell-us card in practise. One third of the clients do not want to participate in the decision making process of nursing care and will report no wishes on the Tell-us card. Other reported wishes were related to fundamental care, or do activities.

**Conclusion:** The acceptability of the Tell-us card is limited in daily nursing home practise.

**Implications:** Nursing staff have to implement client participation on a level that is desired by the clients. Further research is recommended to investigate the role of clients and nursing staff to enhance client participation.

**Keywords:** Participation, Nursing home, Tell-us-card, Communication.

## INTRODUCTION

Over the past few decades client centred care has become an increasingly important concept in elderly care<sup>1,2</sup>. Although there are many definitions of client centred care, in all available definitions the client has the central role in care and in communication between the nursing staff (nurses and nursing assistants) and client<sup>1-4</sup>. Literature states that client centred care results in an enhanced participation of the client in daily care<sup>2,3</sup>. The goal of client participation in healthcare is to use the unique expertise of clients in the decision making process of their care and treatment, to increase the quality of care and optimise their independence and functional health<sup>2,3,5</sup>.

Since 2012, client participation is acknowledged as important competence in the Dutch nursing professional profile<sup>6</sup>. The goal of nursing has become to support and stimulate clients autonomy and self-sustainability<sup>6</sup>. Therefore, nursing staff needs to know what the individual clients' needs are, to enable them to improve their autonomy and participation in care<sup>1,6</sup>. Communication between nursing staff and client about his/her wishes and needs are thus inevitable<sup>1,3,6-8</sup>. The process of collective decision making about how and when nursing care takes place, is defined as goal setting and supports client participation<sup>7,8</sup>. It is stated that empathy and behaviour of nursing staff are important components to improve this communication between nursing staff and clients<sup>1,3,4,9</sup>. Feeling accepted, respected, treated seriously and sharing information are the most important concepts for clients to be a partner in daily nursing care<sup>1,4,10</sup>. Encouraging client participation in decision-making processes can make a significant positive impact on clients' sense of control of their own life<sup>3,10,11</sup>. Unfortunately, communication skills of nursing staff to treat the client as a partner in care are often limited<sup>10,12</sup>. Due to insufficient communication, clients can feel abandoned and choose a passive role in daily care, which can result in a loss of self-care

abilities<sup>10</sup>.

Improving the communication between nursing staff and clients in daily practice is complex, because both nursing staff and clients have to change their communication behaviour<sup>12,13</sup>. A tool can help to improve these communication skills and apply client participation in daily practise<sup>5,14</sup>. Several tools are available to improve client participation in various healthcare settings<sup>4,5,14–16</sup>. One of these available tools is the Tell-us card<sup>4</sup>(Appendix A). The Tell-us card is developed in a Swedish hospital and aims to improve client participation and communication between nursing staff and clients in hospitals<sup>4</sup>. On the Tell-us card clients can report the items that are important for him/here during daily care to optimise their quality of life. However, the Tell-us card has not been tested on older clients. This study will be a first exploration of the acceptability of the Tell-us card in a somatic nursing home ward from the perspective of nursing staff and clients. Acceptability is one of the eight areas of feasibility and contains the elements suitability, satisfaction, or attractiveness to program deliverers or recipients of the intervention<sup>17</sup>. This study will also explore the content of the clients' need that as reported by somatic nursing home clients on the Tell-us card. The achieved knowledge of this study can be used to further develop the Tell-us card for nursing home clients.

### **Research Questions**

Primary: What is the acceptability of the Tell-us card from the perspectives of somatic nursing home clients and nursing staff?

Secondary: Which content will be reported on the Tell-us card by somatic nursing home clients?

### **METHOD**

## **Design**

A qualitative feasibility study was used to test the acceptability of the Tell-us card<sup>13</sup>. The guidelines for conducting qualitative studies established by the Consolidated Criteria for Reporting Qualitative Research (COREQ) were followed<sup>18</sup>. This study was embedded within the communication part of the larger project entitled Basic Care Revisited of ZonMw<sup>19</sup>.

## **Participants**

The study was conducted between December 2015 and July 2016 in a convenience selected somatic ward of a nursing home, in the Netherlands. The study sample consisted of all nursing staff (level 1-5) and all clients who were working or living on this somatic ward, and had the willingness to participate in this study. In Dutch nursing care, there are 5 qualification levels scaled from 1 to 5, wherein 1 is the lowest qualification level (auxiliary nurse) and 5 the highest (nurse)<sup>20</sup>. The estimated sample size is set to a minimum of 10 nursing staff and 10 somatic nursing home clients, which is a general accepted amount<sup>21</sup>. Clients with cognitive impairments and clients unable to communicate in Dutch were excluded from this study. Furthermore, nursing staff with a working experience less than 1 year or only working night shifts were excluded from this study, because of the limited knowledge of the daily nursing activities. The researcher (LL) received a list including 16 eligible nursing staff members and 29 eligible clients from the team leader of the somatic nursing home ward. The researcher that assessed the clients was not involved in client's care. The researcher approached the nursing staff during a scheduled job meeting and provided information about the study. Afterwards eligible nursing staff was invited to participate in the study by email with an attached informed consent form and letter with information about the study. Eligible clients were invited by the



researcher and received verbal and written information about the study and an informed consent form. Of the eligible respondents, 11 clients (38%) and 11 nursing staff members (69%) had the willingness to participate in this study and signed informed consent. Some clients who did not want to participate in this study, gave voluntary (a combination of) the following reasons: everything is perfect in this nursing home (n=7), were too busy (n=2), have no need (n=3) or achieve no gain by participating in this study (n=2). The remaining clients (n=5) and nursing staff (n=5) gave no reason for not participating.

### **Data Collection**

To explore the perspectives of nursing staff and clients on the acceptability of the Tell-us card and the content that clients will report on the Tell-us card, data was collected from focus groups with nursing staff and think-aloud interviews with somatic nursing home clients.

### **Focus Groups With Nursing Staff.**

The focus group took place in a private room that was big enough to contain all participants in a semi-circle and was audio taped<sup>22,24</sup>. The focus groups were divided into two sessions, because a group with six participants increases the opportunity for participants to tell their opinions about the presented topics and generate sufficient interaction<sup>22</sup>. The interaction in the focus groups could result in rich details about the perspectives of the nursing staff<sup>23,24</sup>.

Both focus groups were facilitated by the executive researcher (LL) and assisted by the principal researcher (SZ). The assistant facilitator (SZ) supported the facilitator if necessary and took observational notes<sup>22,24</sup>. An external researcher (MM or MO) observed the focus group session and participated in the subsequent reflection. Due to the explorative character of the

study, it was expected that the researchers had no influence on the results of the focus group by facilitating them. But to reduce any risk of bias, the researchers used the process of bracketing<sup>22,24</sup>.

The focus groups were guided with a topic list (Appendix B). The topics were, suitability, intention to continue use in practise, and fit within the organisational culture, and originate from outcome measures for acceptability of Bowen et al.<sup>17</sup> to increase the validity of the study<sup>24</sup>. The focus group started with handing over the Tell-us card (Appendix A) and a short instruction film about the use of the Tell-us card.

### **Think-Aloud Interviews With Somatic Clients.**

The think-aloud interviews were taken in the room of the client, where clients could tell honestly and anonymously their perspectives. This safe and relatively quiet area is important to receive the true thoughts of the client<sup>24</sup>. Clients were asked to think-aloud during the interview, which could encourage clients to tell their perspectives on the topics and resulted in rich data<sup>24</sup>. The think-aloud interviews were audio taped and guided with a topic list (Appendix C). The topics were satisfaction, intention to continue use in practise and suitability and originate from the same outcome measures for acceptability of Bowen et al.<sup>17</sup>.

### **Data Analysis**

To allow adaptations, data analysis started after the first three think-aloud interviews and the first focus group session. Based on this analysis, there were no adjustments made in the interview guide<sup>22</sup>. Subsequently, the second focus group and the remaining think-aloud interviews were conducted.

Data from the focus groups and the think-aloud interviews were separately analysed using the principles of the qualitative thematic analysis by the researcher (LL)<sup>25</sup>. The analysis started with listening and transcribing

the audio records of the focus groups and the think-aloud interviews. Next, the written transcriptions and the additional notes were reread to become familiar with the data<sup>22,25</sup>. Subsequently, interesting fragments were identified and labelled with an open code. The initial codes were then analysed and combined into themes and sub-themes with axial coding. Next, these themes were reread and refined to a final set of themes. In the last step, these themes were named and described in the sense of the research question<sup>25</sup> (Figure 1). To organise this complete analysis process the software Nvivo version 11.1 was used.

During this analysis process, theoretical and reflective notes were taken to increase theoretical thinking, monitor the process, and increase the quality of the study<sup>22,26</sup>. Furthermore, the analysis of the think-aloud interviews and focus groups was randomly checked by the principal researcher (SZ). If necessary the codes and themes were discussed until consensus was reached.

### **Ethical Considerations**

This study was non-invasive for clients and nursing staff of the somatic ward of a nursing home according to the Medical Research Involving Human Subjects Act (WMO)<sup>27</sup>. Nursing staff and clients provided written informed consent before they participate in the study. The study was conducted according to the principles of the declaration of Helsinki, version 64 WMA General Assembly, Fortaleza, Brazil, October 2013<sup>28</sup> and to the Dutch Personal Data Protection Act (Wbp)<sup>29</sup>.

### **RESULTS**

## **The Acceptability Of The Tell-us Card**

The results of the primary research question are separately presented for nursing staff and clients, according to the outcome measures for acceptability<sup>17</sup>.

### **Nursing staff.**

The two focus groups were held with 5 and 6 nursing staff members and lasted 60 and 61 minutes. The age of the focus group participants ranged between 24 and 63 years (mean 47.5). The years of working experience ranged between 4 and 40 (mean 17.2). All participated nursing staff had an education level of 3 or 4.

### *Suitability.*

The suitability of the Tell-us card is affected by several experienced barriers and facilitators by the nursing staff (Table 1). To improve this suitability, nursing staff advised to adjust the Tell-us card.

The most important barriers were financial strains and time restrictions to use the Tell-us card in daily practice (Box 1), and the expectation of nursing staff that a lot of clients will refuse the Tell-us card and will report 'everything is perfect' (Box 2). Furthermore, nursing staff expected that not every wish of the client could be fulfilled and it can be difficult to prevent false expectations.

Box 1

*'Looking to the expected time for using this card in practice. Then my thought goes out to healthcare savings. So, you have a lot of work with less nursing staff and have to provide good care. Then this becomes a new task, which takes extra time. Someone needs time to conduct this in daily practice. So I think this will be a barrier.'* (Focus group 1)

Box 2

*'Clients do not want to use more forms ... and perform tiresome tasks'* (Focus group 2)

Important facilitators were, the Tell-us card could support clients and nursing staff to start a conversation about his/her needs and wishes, it will support client centred care and it could give support to repair and prevent that clients become institutionalised (Box 3).

Box 3

*'I think, this Tell-us card will trigger clients to think about their needs. Because currently I notice, we have many clients who have become used to a fixed structure.'* (Focus group 2)

Nursing staff advised to adjust the Tell-us card to improve the suitability in somatic nursing home clients. The current card had too small letters, too much text, and was unattractive (Box 4).

#### Box 4

*'it looks like it is fit for the shredder' (Focus group 1)*  
*'it is a paper that easily disappears with the newsletter on the table' (Focus group 2).*

Nursing staff thought it was better to give the client one compact card with short sentences on one side of the card and give only in the beginning an extra form with explanation of the card. The current text was too difficult for somatic nursing home clients. Both focus groups would change the text on the Tell-us card as shown in table 4. Last, nursing staff thought the Tell-us card has to be introduced after six weeks, because clients have to adapt to the nursing home environment. All nursing staff stated that daily use is not feasible, unnecessary and expected that the Tell-us card will be suitable for approximately one-third of the current population in this somatic ward. It will be suitable for cognitive intact clients, clients who are able to make decisions, outspoken clients and just admitted clients. Nursing staff suggested to use the Tell-us card customised to the wishes of the client or with a structural frequency of once a week or once a month. Clients should be able to refuse the Tell-us card. Besides, the Tell-us card could be used during specific client related circumstances like a disease or a death in client' relationships (Box 5).

#### Box 5

*'Yes, that woman, her grandchild died. Then, I think, you can use this Tell-us card. Because then you can ask about her needs.'*  
*(Focus group 1)*

Furthermore, they suggested to use card during nursing care and then give the client two till seven days to think about their wishes and needs

before the nursing staff will discuss the Tell-us card with the client. Some nursing staff would help clients who are unable to read or write on the card, other nursing staff suggested to ask family members to help the client with the use of the card. In that case it is important to be aware that the written wishes were client's wishes. Nursing staff stated it will be impossible to accomplish all wishes of the clients, like outside activities. Therefore, nursing staff would ask family members or volunteers to discuss, how to fulfil the wishes of the client.

*Intention to use in daily practice.*

Nursing staff have the intention to use the Tell-us card in practise and scored (0-10) the usability of the Tell-us card in current care with a mean of 6.5 (range: 5-7) (Table 2). The intention to use depends on the suitability of the tell-us card for each client and the frequency it will be used in practise (Box 6).

Box 6

*'It will depends. If you will use it frequently or only in specific situations. In case of specific situations, I will score the suitability a 7. But when you will use the Tell-us card frequently, then many people will say: everything is right. So, then I do not know if I will use the Tell-us card.'* (Focus group 1)

*Fit within organisational culture.*

All nursing staff agreed with a good fit of the Tell-us card in their organisation that highly focused on client centredness.

## **Clients.**

The 11 think-aloud interviews with clients lasted between 9 and 60 minutes (mean 21 minutes). The age of these clients varied between the 78 and 95 years (mean 86).

### *Suitability.*

The suitability of the Tell-us card differs from several perspectives of clients. Few clients reported that this Tell-us card will support participation in daily care (Box 7).

#### Box 7

*'Yes, it could have influence on client participation. I am sure about that.'* (BCR-C-C007)

*'Yes, then it is possible to discuss my concerns, because the nursing staff has no time for that during the day'* (BCR-C-C010)

Other clients thought the card is not supportive to enhance participation. They would not report wishes, do never ask anything or do not trust nursing staff in reading the wishes on the Tell-us card. Barriers that restrict the suitability for clients were writing and readability. But also dare asking nursing staff because nursing staff were very busy (Box 8). All clients stated that the Tell-us card is clear and comprehensive. One client advised to change the card into three sections, wishes during morning, noon and evening and to give more space to write these wishes. Other clients did not want to change the Tell-us card.



Box 8

*'And then I feel objected to call a nurse. Because, they have to wash this client and another one. They are so busy. Let me wait for a while.'* (BCR-C-C002)

*'I do not like to be depended of other people.'* (BCR-C-C009)

*Intention to use in daily care.*

Most clients did not have the intention to use this Tell-us card in practice, since there was no need for. Approximately one third of the clients had the intention to use the Tell-us card, but only if necessary (Box 9) and no one would prefer to use the Tell-us card daily.

Box 9

*'I will put the Tell-us card under the tablecloth and use it if necessary.'* (BCR-C-C008)

*Satisfaction.*

Most clients were satisfied about their current level of participation in daily care. Approximately half of these satisfied clients did not want to participate in the decision making process of daily care and were satisfied with the nursing staff making these decisions (Box 10).

Box 10

*'I do not want any participation. I am satisfied with, what the nurses are doing.'* (BCR-C-C005)

### **The Content Of Messages On The Tell-us Card**

The content of the Tell-us card expected by nursing staff and given by clients is shown in table 3. The most heard content on the Tell-us card of nursing staff and clients were 'no wishes because everything is perfect'. Furthermore, nursing staff expected 'big activities' like 'go to the cinema' or 'visit his/her place of born'. Clients will report 'small activities' like 'playing cards or lotto' on the Tell-us card. Also 'social interaction with friends or other clients' and 'receive care on time' was important for some clients (Box 11).

#### Box 11

*'That I am ready on time, so I can drink a coffee in the restaurant.'*  
(BCR-C-C001)

Furthermore, approximately half of the clients would report 'receiving good care' on the Tell-us card. Clients described good nursing care as: 'support in washing, clothing, brushing teeth, toileting on time, daily clean underwear and having no pain' (Box 12).

#### Box 12

*'Yes, that they take care. That you look well and presentable.'*  
(BCR-C-C003)

### **DISCUSSION**

The acceptability of the Tell-us card is limited in daily nursing home practise. All nursing staff members have the intention to use the Tell-us card. Findings showed that use the Tell-us card in specific client circumstances like a death in clients' relationship or in frequency of once a week or once a month would be most desirable and could increase the suitability. However, most clients

do not have the intention to use the Tell-us card. Clients mentioned that they did not want to use the card since they have no specific wishes or do not want to participate in the decision making process of daily nursing care. If clients mention wishes on the Tell-us card, this was valuable information and referred to small activities and fundamental care.

Literature states that client participation becomes more important<sup>1,3</sup>. The current study suggest that most somatic nursing home clients do not need an instrument like the Tell-us card or do not want to enhance their actual participation in daily care. Client participation should have a significant positive impact on clients' sense of control of their own life and quality of care<sup>1,3,10</sup>. Clients want to be respected and seen as a partner in care and want to make their own decisions in care<sup>1,30</sup>. That not every client wants to participate in healthcare is recognised by Holmström and Röing<sup>2</sup>. Holmström suggests that nursing staff have to respect the decision of clients that do not want to participate in nursing care<sup>2</sup>. This is confirmed by nursing staff in current research who stated that every client must have the opportunity to refuse the Tell-us card. Furthermore Florin found that younger clients preferred a more active role in the decision making process. While older clients preferred a more passive role<sup>31</sup>. This could be a reason that most somatic nursing home clients in this research do not want to participate in nursing care. Another possible reason that most clients do not want to use the Tell-us card can be the result of institutionalisation which may result in resistance by clients for changing rituals<sup>32,33</sup>. This is confirmed by nursing staff in this study who stated that clients do not want to unfix their daily structure.

To improve client participation in nursing care, both nursing staff and clients must have the willingness to change their communication behaviour<sup>2,12</sup>. Furthermore, client participation is included in the Dutch nursing professional profile and therefore nurses have to enhance client participation in

nursing care<sup>6</sup>. Therefore it is important that the corporation of the nursing home fits with these participation directives<sup>34,35</sup> and that nursing staff receives education in effective communication and in the use of the Tell-us card<sup>12,36</sup>. This communication training has to be focused on the same participation degree as the client need<sup>31</sup>. Several studies show that clients want to participate in discussions about the receiving clinical care but do not want to make the final decision<sup>31,37,38</sup>. They trust on nurses knowledge<sup>31,37,38</sup>. However, for fundamental care clients prefer a more active role<sup>31,39,40</sup>. This preferred participation degree is confirmed by all clients in this study who mentioned wishes referred to fundamental care.

The findings of the current study should be considered within the context of several strengths and limitations. A limitation of this study is the stranger position of the researcher. Therefore, clients could be aloof in telling their experiences, which could explain the high rated content of 'everything is perfect or having no wishes'. Although this high rated content was confirmed by the nursing staff in this study. The researcher has minimised this risk by generating a non-judgemental atmosphere, by explaining the context of this explorative research wherein no answers were wrong and participants could tell honestly and anonymously their perspectives<sup>26</sup>. Furthermore, due to the explorative character of this study and due to the cognitive level of most participated clients, a member check was impossible. This could have influenced the reliability of the study<sup>26</sup>.

To decrease interpretation mistakes by translating the quotes from Dutch to English language and to strengthen the quality of the study, the method of back-translation was used. Quotes were translated and back-translated by the researcher (LL) until the quote was acceptable equivalent to the source language. Then the translation of these quotes were checked on accuracy and improved by an external researcher (RF) and the principal researcher (SZ)<sup>41</sup>. Another strength is the use of peer debriefing during methodological

choices of this study and writing process of this article to increase the quality of this study<sup>24</sup>. Furthermore, a consecutive sampling method was used on a convenience selected somatic ward of a nursing home. This method is particular suitable for feasibility studies and decreases sampling bias<sup>24</sup>. Last, this study included both clients and nursing staff and therefore gives a complete insight in the acceptability and content of the Tell-us card of both receivers and deliverers of the Tell-us card<sup>13,42</sup>.

This study implicates a discrepancy between client participation from literature and the perspectives of clients in this study. This could be caused by institutionalisation of clients<sup>32,33</sup> or the population of older clients, who prefer a more passive role in participation<sup>31</sup>. Therefore, it is recommended to investigate the need and degree for client participation in elderly care, with somatic clients recently admitted to a nursing home. The Control Preference Scale<sup>43</sup> could be used to investigate the individual preferred degree of client participation in fundamental and clinical care. Finally, it is recommended to investigate how client participation can be improved for each individual somatic client in a nursing home.

## **CONCLUSION**

The acceptability of the tell-us card is limited in daily nursing home practise. Nursing staff has the intention to use the tell-us card on a lower frequency of once a week or once a month or in specific client situations. Most clients do not want to use the tell-us card. They mentioned that they have no wishes or do not want to participate in the decision making process of daily nursing care. The content on the tell-us card by clients were referred to fundamental nursing care and do small activities, while nursing staff expected bigger activities and were afraid of wishes they can not fulfil.

Further research is recommended to investigate why these clients do not want to participate in the decision making process of daily care and how

a method can be adapted to actually enhance the client participation on a level that is desired by the clients.

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Figure 1: Overview of the data-analysis

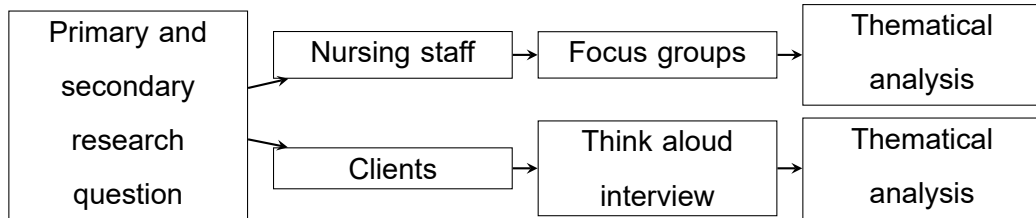


Table 1: Barriers and facilitators

Barriers	Facilitators
<ul style="list-style-type: none"> <li>• Restrictions in time and money</li> <li>• Resistance of the client</li> <li>• Abilities to ensure that commitments are met</li> <li>• Disabilities of the client</li> <li>• Change in tasks of different staff</li> <li>• Maintain some structure</li> </ul>	<ul style="list-style-type: none"> <li>• Could be a tool for repair and prevent institutionalising of clients</li> <li>• Clear for both client and nursing staff</li> <li>• Gives clients the opportunity to think about their needs</li> <li>• Client centred care</li> <li>• Easier to talk about a topic</li> <li>• Give the client feelings of understanding</li> </ul>

Table 2: Suitability score, nursing staff

Score	Frequency
5	1
6	3
6.5	2
7	5
Mean	6.5

Table 3: Expected content on the tell-us card in perspective of nursing staff and clients.

Nursing staff	Clients
Activities like, hiking, go to the market, sea or cinema and drinking coffee on a terrace.	Activities outside, like shopping, take a bus trip or go outside. Activities inside like, playing lotto, cards or going to the church.
Everything is perfect	Everything is perfect. I do not have wishes.
Questions like, time of care, time of dinner, delicious food, and support in putting a coat on and going to the toilet before leaving.	Receive good care, means: support in washing, clothing and brushing teeth, daily clean underwear. Have no pain and do not have to wait long after calling a nurse for support in toileting.
Life questions like, euthanasia, or wishes before death.	Getting out of bed in the early morning or be on time ready for activities.
Surprising. Nursing staff are curious to the wishes and reactions of the client.	Social interaction, like drinking in restaurant, the possibility to talk with clients during and after dinner and making jokes.
	Discuss about healthcare situations or feelings with nursing staff.

	That nursing staff asks for my needs before they start with nursing care, receive response after calling nursing staff and knowing been heard.
	Enough volunteers for support activities
	The possibility to assess a confidant, for confidential advise and talk about problems.
	Self-care abilities, the ability to care for themselves.
	Receive more physiotherapy, play sports like shuttle pitching.
	Wishes different by day
	Living with pleasure
	Rest, sometimes no visit of someone
	Ask questions you normally ask to family, like looking at pictures or a book.



Table 4: Changed Tell-us card

'We want to involve you in your own care as much as possible.  
Tell us what is important for you and what (information) you need?  
Can we organize something for you? Think about your, wishes,  
needs, concerns or ideas. Then the nursing staff will discuss this  
with you and if necessary they will write it down.'

## APPENDIX A. TELL-US CARD

# VerTelkaart **Radboudumc**

### *Vertel het ons!*

Wij willen u zoveel mogelijk betrekken bij uw zorg.

Wat is belangrijk voor u vandaag? Waar heeft u behoefte aan of welke informatie heeft u nodig? Wat wilt u dat wij over u als persoon weten? Wat zou geregeld moeten worden? Wat kunt u zelf en waar heeft u hulp bij nodig?

Wij nodigen u uit om uw vragen, wensen, zorgen en ideeën op de achterkant van deze kaart te noteren. De verpleegkundige die voor u zorgt zal deze met u bespreken.



# VerTelkaart

Radboudumc

## *Vertel het ons!*

*Datum:*

Noteer hieronder wat belangrijk voor u is. De verpleegkundige die voor u zorgt zal dit met u bespreken.

*Dit is belangrijk voor mij*

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## APPENDIX B. FOCUS GROUP GUIDE

### Introductie

Script	Opmerkingen
Welkom heten van participanten	Introduceren van de focusgroep facilitator en de assistenten.
Ontvangen van de toestemmingsformulieren	In de toestemmingsformulieren is toestemming gevraagd om de focus groep sessie op te nemen. Uitleggen dat de data recorder na het filmpje zal worden aangezet..
Doel van de focusgroep uitleggen	Achterhalen wat de zorgverleners vinden van de aanvaardbaarheid van de vertelkaart.
Grondregels uitleggen	<ul style="list-style-type: none"> <li>- Luister na elkaar.</li> <li>- Probeer niet door elkaar te praten</li> <li>- Heb respect voor elkaar.</li> </ul>
Tijdsduur van de focusgroep	90 minuten
Introductie van de vertelkaart	<ul style="list-style-type: none"> <li>- Uitdelen van de vertelkaart</li> <li>- Kijken van de film.</li> </ul>
Start met focusgroep	<ul style="list-style-type: none"> <li>- Data recorder aanzetten</li> <li>- Starten met de eerste vraag: wat is nu jullie eerste indruk van deze vertelkaart?</li> </ul>

### Topic guide

Topics	Vragen	Vragen voor de participant
Tevredenheid	Wat vinden de zorgverleners van de vertelkaart?	<ul style="list-style-type: none"> <li>- Wat is jullie eerste indruk van de vertelkaart?</li> <li>- In welke mate kunnen de cliënten op dit moment mee participeren in de zorg volgens jullie?</li> </ul>

		participeren in de zorg volgens jullie?
Toepasbaarheid	<ul style="list-style-type: none"> <li>- Wat zijn de verwachte bevorderende factoren ten aanzien van het implementeren van de vertelkaart?</li> <li>- Wat zijn de verwachte barrières ten aanzien van het implementeren van de vertelkaart?</li> </ul>	<ul style="list-style-type: none"> <li>- Wat vinden jullie van de toepasbaarheid van de vertelkaart in de dagelijkse praktijk?</li> <li>- Wat kunnen volgens jullie voordelen zijn van het gebruik van de vertelkaart?</li> <li>- Wat kan volgens jullie het eventuele gebruik van de vertelkaart in de praktijk bevorderen?</li> <li>- Wat kunnen volgens jullie nadelen zijn van het gebruik van de vertelkaart?</li> <li>- Wat kan volgens jullie het eventuele gebruik in de dagelijkse praktijk belemmeren?</li> </ul>
Intentie tot het gebruik in de dagelijkse praktijk	Hebben de zorgverleners de intentie om de vertelkaart te gebruiken in de dagelijkse praktijk?	<ul style="list-style-type: none"> <li>- Zouden jullie deze vertelkaart willen gebruiken in de dagelijkse praktijk?</li> <li>- Kunnen jullie uitleggen waarom wel/niet?</li> <li>- Als je hem zou gebruiken, hoe zou je</li> </ul>

		hem dan gebruiken? (Dagelijks? ....., .....)
Organisatorische fit.	Past de vertelkaart binnen de organisatorische cultuur?	<ul style="list-style-type: none"> <li>- Past deze kaart binnen de missie en visie van de organisatie volgens jullie?</li> <li>- Waarom denken jullie dit?</li> <li>- Is het volgens jullie nodig om de vertelkaart te veranderen alvorens deze bruikbaar is op een somatische verpleeghuisafdeling?</li> <li>- Wat zouden jullie dan willen veranderen?</li> </ul>

*Afronding*

<i>Script</i>	<i>Opmerkingen</i>
Aanvullingen	Is er iets wat jullie graag nog kwijt willen over de vertelkaar of dit onderzoek?
Bedank iedereen voor deelname en stop de recorder.	

## APPENDIX C. THINK-ALoud INTERVIEW GUIDE

De onderzoeker start het think-aloud interview met uitleggen wat het doel is van dit interview (Het onderzoeken van de aanvaardbaarheid van de vertelkaart vanuit het perspectief van de cliënt). De cliënt overhandigt het toestemmingsverklaring formulier en de onderzoeker start de audio opname apparatuur.

Topics	Vragen	Vragen voor de cliënt
Tevredenheid	Wat is het tevredenheid niveau van cliënten over het huidige participatie level in de dagelijkse zorg.	<ul style="list-style-type: none"> <li>• Ben u tevreden over de mate waarin u mag mee beslissen in de huidige zorg?</li> <li>• Als u graag iets wil, hoe geeft u dat dan aan aan de zorg? (Als u in de situatie zou zitten dat alles mogelijk was en er geen beperkingen zijn. Wat zou u dan willen veranderen? Of wat zou de zorgverlener dan voor u kunnen doen? Zijn er dingen die u thuis wel altijd deed maar die nu niet meer gebeuren?</li> <li>• Sluit de zorgverlening aan bij wat u wenst?</li> <li>• Wat is u eerste indruk over de vertelkaart?</li> </ul> <p>Notitie: laat de vertelkaart zien.</p>
Bruikbaarheid	Wat is de mening van de cliënt over de bruikbaarheid van de vertelkaart voor somatische verpleeghuisbewoners?	<ul style="list-style-type: none"> <li>• Wat is uw verwachting over de invloed van deze vertelkaart op uw mate van inspraak in de zorg? (Hoe kan deze kaart u helpen om aan te geven wat u wil in de dagelijkse zorg?)</li> <li>• Wat is uw mening over de bruikbaarheid van de vertelkaart in de dagelijkse zorg? (Zou u deze kaart willen en kunnen gebruiken?)</li> </ul>

		<ul style="list-style-type: none"> <li>• Wat is uw mening over de bruikbaarheid van de hoofdvraag op deze vertelkaart?</li> </ul>
Intentie voor dagelijks gebruik	Wat is de mening van de cliënt over het dagelijks gebruik van deze vertelkaart?	<ul style="list-style-type: none"> <li>• Wat vindt u ervan als de vertelkaart dagelijks zou worden gebruikt?</li> <li>• Waarom wil u hem wel/niet gebruiken?</li> <li>• Is het nodig om de vertelkaart aan te passen voordat hij bruikbaar is?</li> <li>• Wat zou er dan veranderd moeten worden?</li> </ul>

Topics	Vragen	Vragen voor de cliënt
Inhoud	Wat zou de cliënt willen schrijven op de vertelkaart?	<ul style="list-style-type: none"> <li>• Als ik u deze vertelkaart nu zou geven, wat zou u dan willen antwoorden op vraag die te lezen is op de vertelkaart?</li> <li>• Zijn er meer antwoorden die u</li> </ul>

Topics	Vragen	Vragen voor de cliënt
Overige	Heeft de cliënt nog aanvullende opmerkingen?	<ul style="list-style-type: none"> <li>• Zijn er nog aan- of opmerkingen na aanleiding van dit interview?</li> <li>• Wat zou u graag zelf nog kwijt willen over de bruikbaarheid van deze vertelkaart?</li> </ul>