Person-centered healthcare in coordinated care planning with video conference - nurses’ perspective

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Abstract: We are becoming older and more people remain in their home with the need for care, as well as these persons for some reasons be hospitalized. This imply for the need of coordinated care planning in hospitals, as the person would be able to leave the ward in a safe manner. With an increasing number of elderly persons in need of care interventions in their home, the need for coordinated care planning in hospitals will also increase. Such planning is today being performed increasingly often via video conferencing. This form of digital encounters poses new challenges for the nurse in creating and maintaining a mutuality. The aim of this paper is to shed light on how coordinated care planning via video conferencing affects the ability of health care professionals to understand and interpret the patient’s situation from a holistic perspective, thus performing a person-centered meeting at a distance. A qualitative research approach was used to gain an understanding of nurses’ experience of coordinated care planning via video conferencing, where seven semi-structured interviews have been conducted. The result shows that the communication is affected and that meetings via video technology lose proximity and thus a part of the human contact. This can disrupt the possibility of seeing each other as persons but can be compensated by a person-centered approach. The technology can act as a means of human interaction, but not as a compensation for it. Coordinated care planning via video conferencing involves challenges in conveying presence and genuine interest that compensates for the loss of physical presence. The nurses need to be well acquainted with person-centered care in order to meet the patient despite the barrier that the screen may create. Proper technology can be used with great time gains to access each other regardless of geographical location and can contribute to human interaction but not replace it.

Keywords: person-centered healthcare, coordination, care planning, video conference, nurses

1. Introduction

People are growing older and the number of elderly people in need of healthcare and home care are increasing, which represents a challenge for society. In addition, there is a shortage of staff in healthcare practices (Chidzambwa, 2013). More people remain in their home with the need for care. When these persons for some reason have been hospitalized and are to return to their homes, care planning is performed in order for the person to be able to leave the ward in a safe manner. When a patient is discharged from the hospital and must return to his/her home and need interventions at home, a coordinated healthcare planning is a way of transferring information and planning for the healthcare. This should be done in such a way that a high quality with the right help is obtained and that a continuity and security is created for the patient (Svensson, Larsson & Hansson, 2016). With an increasing number of elderly persons in need of care interventions in their home, the need for coordinated care planning in hospitals will also increase. In this situation, it is important that communication between different professions such as county hospitals, primary care and municipality care as well as patient and relatives takes place efficiently and safely (Kripalani, et al, 2007). This form of
digital encounters poses new challenges for the nurse in creating and maintaining a mutuality. Today, video conferencing has begun to be used more and more for these meetings instead of or as a complement to personal meetings. Pols (2012) believes that technology can offer adequate alternatives to communication as it should not be seen as an end in itself that physical contact should exist in a meeting, that is the context that should govern. However, the potential of using technology in healthcare is far from being used (Bowles, et al, 2015).

An increasing number of functions in the healthcare system are made digital today, but knowledge and understanding of how the technology can be used without losing the person-centered care is needed. However, there is not so much understanding in society of how technology can support and improve the healthcare and the social care of the elderly (Beirao, et al, 2016). A digital meeting creates new opportunities, but can also entail new aspects to take into account. The staff's attitude to digital meetings in care planning has been investigated, where it has emerged that the staff have a positive view of using the technology in these contexts (Shubber, et al, 2018). But since healthcare planning via video conferencing is a relatively new phenomenon and is not researched to such a large extent, more research is needed on this. Also aspects based on the healthcare staff's approach and the person-centered care to be offered to patients need to be considered. Therefore, further studies are required, to find out which aspects contribute to a functioning meeting via video conference technology for patients, where the person-centered care can be maintained at a distance. The aim of this paper is to shed light on how coordinated care planning via video conferencing affects the ability of health care professionals to understand and interpret the patient’s situation from a holistic perspective, thus performing a person-centered meeting at a distance.

2. Theoretical background

We are getting older and an increasing proportion of the population today consists of the elderly. An aging population places demands on health care, as more and more elderly people with complex care needs remain in the home for a longer time.

2.1 Coordination of healthcare planning

Studies show the necessity of interprofessional collaboration to meet the needs and provide good care for elderly persons with multiple illnesses (Ekdahl, Andersson & Friedrichsen, 2010). Coordination between different care providers such as hospitals, primary care and the municipality care is thus an important prerequisite for a functioning healthcare when it comes to the elderly with complex care needs. This coordination can be adversely affected by a lack of trust between different care providers (Larsson, et al, 2019). Interaction and interpersonal relationships emerge as the central aspects in a good collaboration and healthcare planning meetings for the elderly's healthcare and discharge (Larsen, Broberger & Petersson, 2016). In order to promote a cohesive healthcare provided by the professionals at different healthcare organizations, it is assumed that the nurses has good communication skills. Thus, high demands are placed on the nurses in such planning meetings in order to promote shared decision-making regarding healthcare where both other healthcare professionals as well as the patient and relatives should be included (Hansson, et al, 2018).

In the case of care planning, personnel from the relevant units must participate, which has the skills needed to meet the person's need for intervention after discharge. However, these people do not have to be physically present and today video conferencing is used as an alternative to a personal meeting to perform remote care planning. Videoconferencing is
considered the technology that is most similar to a personal meeting (Shubber, et al, 2018; Park, et al., 2014).

2.2 Healthcare planning via video conferencing

In many aspects, videoconferencing facilitates as it enables the meeting to take place without the requirement of being physically present in the same room. Video technology is used today in several areas, including telemedicine (LeRouge, Garfield & Hevner, 2002). At the same time, there are several challenges in such a meeting. One of the most difficult aspects of digital meetings is to be sure that all participants are aware of and involved in what is happening (Carter, et al, 2016). Studies show that it can be more difficult to establish and maintain trust in each other in a video conference compared to face-to-face. Factors that determine the quality of a video conferencing meeting are related to the possibility of establishing a human interaction where eye contact is an important aspect. The underlying performance of the overall system based on Internet connectivity, image and sound quality strongly influences when limited image quality as well as small screen images hinders communication (Allen, et al, 2008). Delays in sound transmission adversely affect the conversation and communication as it becomes difficult to maintain a natural flow and to take turns in the conversation. This can lead to interrupting each other. The fact that the delay is as small as possible is particularly important in order to perceive the context in the conversation, especially in meetings with several participants. Properly configured video technology has the potential to enhance social cohesion and empathy with the people at a distance, which emerges as a critical point for the effectiveness of multidisciplinary meetings (Hansen, et al, 2008).

Video technology provides the prerequisites for caregivers, assistance officers, primary healthcare, municipal nurses, rehab professional from the municipality, etc. to attend a meeting at the same time (Helgesson, et al, 2005). This is considered positive for the patient as it means that this will have the opportunity to meet several professions and get a personalized planning before discharge (Hofflander, 2015). In addition to healthcare professionals, video technology also enables relatives to participate in care planning even if they live far away or do not have the opportunity to go to the hospital. Studies show that meetings via video technology generally take less time than personal meetings and that they are more often structured. In addition to the meeting itself being shorter and more efficient, travel time also decreases dramatically. A study on nurses' attitudes to care planning via video conferencing shows that there is a broadly positive attitude to using the technology for meetings, especially as it increases efficiency (Shubber, et al, 2018). In the literature, however, there are some concerns from staff regarding digital meetings with video technology where the nurses, among other things, fear that the patient may be overridden. The human contact is presented as a very important part of the care and that the use of video technology risks losing it.

2.3 Person-centered healthcare in video conferencing

Person-centered care has become increasingly in focus over the past two decades, especially in relation to research and policies linked to high-quality healthcare (Mead & Bower, 2000). There is currently no uniform definition of the concept of person-centered care, but a recurring theme seems to be the ethical issue for patients to be treated as persons (Epstein & Street, 2011). A prerequisite for performing person-centered care is the healthcare provider's ability to communicate and interact with the patient in a person-centered manner.
However, the technology must not be an obstacle, but should promote a person-centered care where the patient as a person is at the center. Person-centered communication has been identified as a prerequisite for being able to carry out person-centered care. Person-centered meetings require knowledge and ability to understand the other person's experience and needs through a conscious presence created through interaction, communication and reciprocity (McCormack & McCance, 2006). A person-centered communication is primarily aimed at ensuring the nurse's focus on the entire person as a unique individual and involves a shared decision-making, being responsive to the patient's needs and providing a care characterized by compassion and empowering of the patient. Person-centered meetings via video conferencing thus entail new challenges where the nurse needs to learn to create and maintain good interaction and care relationship via a digital meeting.

3. Research methodology

In order to gain an understanding of nurses' experience of care planning via video conferencing, a qualitative research approach was used based on qualitative interviews and a qualitative content analysis (Graneheim & Lundman, 2004). Using interviews as method gives the best dividend when exploring complex and subtle phenomena such as experiences, feelings and experiences. The endeavor is to achieve a dialogue between the phenomenon to be studied and the human being and his or her world of life.

3.1 Data collection

An purposeful sampling was carried out to include participants who could make the most of the study. By interviewing an heterogeneous group as possible, a variation is obtained and thus the phenomenon can be illuminated from several perspectives. For the study, nurses were consulted in various activities in a small county in Sweden, where the inclusion criterion was experience of care planning via video conferencing. The selection therefore consisted of nurses who worked in both inpatient and primary care as well as municipal home care. Through this diversity, the phenomenon could be examined from several different perspectives. A total of seven informants were included. All the informants gave their consent and completed their participation in the study. The informants had worked as nurses between 5-19 years. Six of them were women and one was a man. Two of the informants worked in primary healthcare, three in the healthcare ward within inpatient care and two in municipal home care. Two of the informants were specialist nurses, which meant at least one year further of education on an advanced level. All informants had experience of care planning through personal meetings as well as via video conferencing to varying degrees. The selection is presented in more detail in Table 1 below.
Table 1: Informants in the study

<table>
<thead>
<tr>
<th>ID</th>
<th>Role</th>
<th>Years in profession</th>
<th>Gender</th>
<th>Experience of video</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>I1</td>
<td>Nurse</td>
<td>7 years</td>
<td>Female</td>
<td>Much experience</td>
<td>Health center, primary care</td>
</tr>
<tr>
<td>I2</td>
<td>Nurse</td>
<td>13 years</td>
<td>Female</td>
<td>Much experience</td>
<td>Health center, primary care</td>
</tr>
<tr>
<td>I3</td>
<td>Nurse</td>
<td>10 years</td>
<td>Female</td>
<td>Very much experience</td>
<td>Care department, inpatient care</td>
</tr>
<tr>
<td>I4</td>
<td>Nurse</td>
<td>5 years</td>
<td>Female</td>
<td>Limited experience</td>
<td>Care department, inpatient care</td>
</tr>
<tr>
<td>I5</td>
<td>Nurse</td>
<td>7 years</td>
<td>Female</td>
<td>Much experience</td>
<td>Care department, inpatient care</td>
</tr>
<tr>
<td>I6</td>
<td>Nurse specialist</td>
<td>19 years</td>
<td>Female</td>
<td>Much experience</td>
<td>Municipal home care</td>
</tr>
<tr>
<td>I7</td>
<td>Nurse specialist</td>
<td>13 years</td>
<td>Male</td>
<td>Limited experience</td>
<td>Municipal home care</td>
</tr>
</tbody>
</table>

As a method for data collection, semi-structured personal interviews were used. Open-ended questions were chosen to give the informant the opportunity to respond in a more descriptive and developed way. An interview guide was used as a support to ensure that the same issues were addressed during the various interviews. Further questions were added in a flexible manner during the interviews to confirm, reflect or deepen the informants’ story. Through this approach, the informant was allowed to describe his or her experiences in an exhaustive manner. A strength of using semi-structured interviews is that adjustments to the direction of the interview are allowed during the conversation, which gives flexibility and development during the course of the work. The interviews were conducted in a separate room at each informant's workplace and lasted about 30-45 minutes. All interviews were recorded and then transcribed verbatim.

3.2 Data analysis

The analysis of the interview material was carried out with an inductive approach using qualitative content analysis inspired by Graneheim and Lundman (2004) in order to give an understanding of the phenomenon being investigated. This is especially important when earlier research on the phenomenon is limited. An inductive approach allows the content to emerge unconditionally based on the result found, free from predetermined categories or themes (Elo & Kyngäs, 2007). The inductive analysis process involves a pendulum
movement between the text and the researcher's experiences, between the parts and the whole in order to create new understanding.

The analysis began with an acquaintance phase; through a so-called naive reading with repeated readings of the interview material with a focus on the whole to get a feel for what they were about. The contents of the interviews were abstracted based on its context, to meaning units and later codes where the content was lifted to a higher logical level, which makes it possible to see the content from new perspectives. We crystallize three different themes from the data; challenges, opportunities and prerequisites.

4. Results

The result describes care planning via video conferencing from the nurse's perspective and the challenges that exist to perform a person-centered meeting on distance through the following categories: challenges, opportunities and prerequisites.

4.1 Challenges

The result shows that communication and interaction are affected and that meetings via video technology lose closeness and thus part of the human contact. The screen becomes a form of barrier that can contribute to the inability to view each other as persons. Seeing each other through a screen is described by several informants as something in the interpersonal disappearing, that all aspects do not emerge when one cannot touch each other. Most informants address how the gaze, head movements and handshake are not communicated digitally. One then fears that some things can disappear, like how the person in question looks. One of the informants talks about the difference they experience when they compare personal meeting with an over video technique:

"... there will be a difference to view the patient over screen. Another distance. When one can't touch someone. Normally you can sit and look at them and see how they ... such stuff you can't see on the screen the same way "(I4).

There seems to be a loss of closeness and personality in both directions, where both healthcare professionals find it more difficult to perceive the patient as a person, while the informants reason that patients may not perceive them as well as if they had been in the same room.

Visual and hearing impairments and cognitive impairments in patients are addressed as obstacles to meetings via video conferencing. However, most informants conclude in their experience that these impairments are just as big challenges also in personal meetings. Since the screen is so large and the sound so clear at the video meetings the basis for visual experience and audio is the same. However, cognitive impairment can be a challenge for the patient in understanding that there are people on a screen that can be interacted with.

At the same time, it is clearly expressed that this loss of personality and closeness has not had any significant effect on the outcome of the meeting itself. Many of the problems that exist during care planning are experienced by the informants also at a personal meeting. On the whole, informants feel that care planning via video meets the purposes and believes that it would not have made any difference to the result of the actual planning:
“[...] but I still don't think it has any significance for the outcome. I absolutely do not think that [...] you are so close anyway at this meeting (I1). ”

4.2 Opportunities
There are several opportunities and advantages of care planning via video conferencing, based on efficiency and profits mainly for the health and medical care, but also for the patient and relatives. All informants, irrespective of their organization, are concerned with the fact that there are considerable time gains in carrying out care planning via video conferencing. An informant in inpatient care tells:

"... because they do not have to devote so much time, it might only take half an hour otherwise it would take 2-3 hours if they would go here to attend. So that's the way it really is ”(I4).

Nurses see multiple gains for several parties by performing health and care planning through video conferencing compared to personal meeting. It is easier to find meeting dates where all parties can attend at the same time. The professions are reported more often to be able to attend a video meeting compared to a physical meeting. The case can also begin to be dealt with earlier when the transport time to the meeting is reduced or disappeared. Reduced transport also entails a minor environmental impact and a reduced economic cost as the wear on cars decreases as well as the amount of fuel wasted.

Today, there are more care planning occasions that are carried out remotely, the informants describe that it is the first hand choice. The fact that it has become the first hand choice today is because it should be able to make the care planning earlier. The processing time will also be shorter as it is less time consuming to find a mutual meeting date, and thus shortens the time to achieve the care planning, which in turn may possibly mean an earlier discharge from the hospital.

The informants believe that it provides benefits for the patient, as this gives access to specialist expertise. Being able to meet at a distance means new opportunities for professional groups that are not close to hand. Most informants describe specialist competence that has been involved in care planning via video conferencing that has not been able to attend personal meetings. Above all, this appears to be clear in the rural areas where distances become vast. Informants from different organizations agree:

“[...] Specialist competence...we have had several specialists in fact, both from the pain unit and it has been different places like that. Yes, it is very convenient, I must say ”(I1).

It is a great benefit for the patient to meet several professions in a care planning. Video conferencing gives them the opportunity to meet at the same time. The distance meeting also provides an opportunity for relatives who are in another location to be involved. There are various options where the relatives can connect via computer or telephone or they can go to the health center that the patient belongs to, for example. This emerges as a strength compared to not being able to be with at all or having to travel many miles for an hour's meeting. Informants from inpatient care believe that the opportunities for relatives are good and that the technology facilitates their participation.
4.3 Prerequisites

The technology needs to keep high quality and work well, this is a prerequisite for a functioning meeting. At the same time, it seems to be at least as important with the ability for incentive and responsiveness where the human interaction promotes the patient to appear as a unique person. The interaction is dependent on the conditions. The meeting is not perceived to be better than what the people involved contribute, regardless of whether the meeting takes place on site or via video conferencing. Attitudes towards person-centered care, good meeting techniques and good preparation appear as central to a good meeting. Well-functioning technology is a requirement. It is a prerequisite for the meeting to be satisfactory that the technology works and that the equipment is of high quality with good sound quality and a large screen. The performance of the connection is important in order to get as little delay as possible and avoid the picture hacking.

All informants feel that the equipment they have today is well suited for the purpose and that it works well. There is also support and information on how to use it, which means that it does not appear to be any fear or obstacle to using video conferencing as a form for meeting:

“[..] as long as you have the right equipment and the right conditions for it to work, and for everyone…..that everyone has the knowledge to be able to use the technology in a good way, it is amazing that you can achieve this much. Yes I think so. So I can't see any obstacles with it, just having the right conditions, right equipment and that everyone understands it. It's important ”(I1).

Whether the meeting is via video technology or not, it is human qualities and abilities to create engagement and participation in the conversation that is crucial. Prerequisites for a well-functioning meeting is a person-centered communication where the patient is treated as a unique individual. An informant compares personal meeting with video conference and reasoning about what is decisive:

“[..] Can be negative, too, because some feel it is impersonal. But ... it rather has to do with the people, not the technology. Most often it is in those situations where it might not have been such a good meeting even though it had been on site. Because it is with personal chemistry, what questions you ask, how you include the patient….so it is a lot about that it depends, so the technique usually does not play that big a role ”(I5).

The patient as a person and his/her situation also affects whether it is appropriate to perform the meeting via video conferencing or not. The prerequisites for deciding who this form of meeting suits should ultimately be based on a person-centered approach where each unique individual and situation is taken into account to ensure that the conditions are the right one.

5. Discussion and conclusion

Performing a care and care planning via video conferencing means that the human interaction in the meeting is challenged. Having a meeting via a screen creates a barrier between the people. One way of bridging this barrier and strengthening the experience of people, and not objects, meeting is to use a person-centered approach as described by McCormack and McCance (2006). Person-centered care means a holistic care based on the entire patient as a unique person, a conscious presence, a genuine commitment and a reciprocity in a trusting, equal relationship. The nurses need to be well acquainted with person-centered care. Quality factors in video technology in health care can be described as technology, usability,
environment and human aspects (LeRouge et al., 2002), which can clearly be applied to the results in this study where the same perspective appears to be central.

It is clear in the result that there is a lot of time to save for most professional categories if care and care planning is carried out via video conference compared to if they need to travel to a physical meeting. This is something that has also been conveyed in previous research (Hofflander, 2015; Helgesson et al., 2005). It seems that health and care planning via video conferencing reduces the time from calling to finding a common meeting date. It is possible to have more care plans per week compared to personal meetings. More patients thus receive their plans and can go home, which frees up beds for new patients. Proper use of information and communication technology can be used with great time gains to access each other regardless of geographical location and can contribute to human interaction but not replace it.

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References


