Words matter: Scripting to enhance patient engagement

Learn how to foster patient empowerment, engagement, and activation.

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ALL CLINICAL NURSES strive to provide personcentered care (PCC) that meets the patient's and family's preferences and needs. (In this article, family is defined as the patient's preferred support people). More than simply individualizing care, PCC should empower and engage patients so that they're activated (ready) for discharge and can manage their health. New evidence emphasizes the significance of patient empowerment and engagement models of care as the new standard for PCC to ensure optimal patient outcomes.

Rather than patient-dependent care (adhering to medical advice, prescriptive care, and medications), patients and families should be fully engaged in medical care decisions and activities. This engagement is particularly important in telemedicine and when using eHealth technology, which is rapidly becoming common in the current, and hopefully post, pandemic environment.

This article provides clinical nurses with applicable definitions of empowerment, engagement, and activation with scripted dialogue nurses and other care providers can use with patients and families. Nurses must meet patients where they are in their health–illness continuum to ensure they're fully empowered, engaged, and activated. At every opportunity, we must intentionally invite, encourage, and prepare patients and families to actively participate in their care and ensure they have the knowledge, skills, and resources to manage their own health.

Self-reflection on patient engagement

Before you can promote patient engagement, you must determine your own values about it. Some nurses haven't been taught this specific content, and depending on experience, each nurse will have a different perspective. The power dynamic in healthcare has traditionally been paternalistic, where we (the providers) know best. Patients haven't always spoken up about their health, preferences, and values. However, recent patient-led PCC initiatives have encouraged patients to consider "nothing about me without me."

Take a moment to ask yourself these questions to determine your personal beliefs about patient and family engagement:

- What were the norms and beliefs I had about health when I was growing up?
- Do I believe patients are capable of managing their own care?
- Do I manage my own care, or do I defer to the provider?
- Do I see involving patients and their families in decision making as a burden or as an opportunity?
- What are the benefits I've experienced when

Follow the script

These specific nursing actions and language can foster patient empowerment, engagement, and activation.

	Nursing actions	Scripted language
Empowerment	 Invite patients and families to be involved in care decisions and actions and to ask questions of care providers. Assess patients' knowledge of their diagnosis or condition. Teach, coach, and counsel patients and provide access to information, education, support, and skills. Encourage patients to partner with providers in decisions and care. 	 "You're an important member of our healthcare team." "How can I support you in being part of your healthcare team?" "Tell me what you already know about your diagnosis or condition." "Here's some information about your condition/medication/exercises."
Engagement	 Ask patients, families, and caregivers to participate in care discussions, decisions, and actions. Share decisions in the plan of care. Use the teach-back technique, requesting patients to demonstrate their knowledge and skills in managing medications, using medical equipment and devices, changing dressings, and managing care activities. 	 "What are your thoughts on this plan to manage your care/condition?" "What do you think you can do to manage your medications better in the future?" "Please show me how you would change the dressing." "Please show me how you would determine how much insulin you would give yourself based on my instructions." "Based on my instructions, please show me how you will use these crutches to keep the weight off your foot."
Activation	 Assess patient and family readiness to manage care. Identify barriers to self-management and provide solutions. Ensure patient and family readiness to assume self-care be discharged home or to another level of care assume responsibility for care or health maintenance follow-up with care providers operationalize information taught by care providers manage their health, including contacting care providers, managing appointments, and administering medication. 	 "How ready are you to give your own medications now?" "Let's discuss possible problems and issues that might come up for you and how you would handle them." "Have you scheduled a follow-up appointment with your provider?"

involving patients in making decisions about their own care?

• Is it okay for a patient not to be empowered, engaged, or activated?

Now that you've identified your beliefs about engagement, review the benefits of empowerment, engagement, and activation.

Empowered patients

Empowering patients requires explicitly inviting them and their families to participate in all discussions, decisions, and care processes. Nurses can create a relationship and environment for instruction, education, and inclusion in decision making by providing patients with key facts about their condition or situation and continuously building their self-management skills. Empowered patients are goal-oriented. They say, "I'm part of the healthcare team." Providers who empower patients say, "You're an important member of our healthcare team."

Specific nursing interventions that promote empowerment include assessing the patient's current level of knowledge about their health status, evaluating for potential barriers to empowerment, explicitly telling the patient and family that their questions and input are valued and expected, providing education and

Identifying and overcoming barriers

Ask yourself these questions to determine how to overcome barriers to patient empowerment, engagement, and activation.

Potential patient barriers	Impact on health	Self-reflection questions
Age Older adults may have complex med- ical issues, take multiple medications, have cognitive deficits, or have sensory limitations. A patient's age may affect their ability to understand instruction, education, and engagement in care activities. In addition, some older adults may prefer formality in inter- actions with providers.	 Comorbidities, cognitive deficits, and sensory limitations may affect a patient's ability to understand care instructions or perform some self-care actions. 	 "Am I speaking too rapidly for them to understand what I'm saying?" "Can they hear me clearly?" "Can the patient see or read what I'm presenting (size of print)?" "How does this patient want me to address them (Mr./Mrs./Ms., first name)?" "Who in this patient's family is most appropriate to share medical information and decision making with"?
Cognitive ability Cognition affects patients' ability to comprehend, retain, or apply instruction or education.	 Patients with cognitive deficits may not be able to tell you they don't understand the instruction you've provided. 	 "What do I need to do to ensure the patient understands what I've said or can perform the skills I've demonstrated?" "Who has the patient designated as their care partner?"
Culture Culture encompasses specific beliefs and values of a social group, including about health, healthcare, lifestyles, traditions, and behavioral expectations related to who can and can't speak to or ask questions of a healthcare provider.	 Not understanding a patient's culture can lead to mistrust of the healthcare system, minimal use of preventive health services, late diagnosis, or patients not receiving necessary services. Some cultural groups may not adhere to prescriptive therapies or may not ask for clarification of information provided to them. 	 "What cultural differences are presented by this patient?" "What do I not know about the cultural expectations of this patient and family?" "What's important to them during this health encounter?" "Who from the patient's family or social network should I include in providing information, education, or care?" "How should I adjust my usual care routines and education to be sensitive to this patient's cultural beliefs?"
Education and health literacy Educational level and health literacy are not the same thing. Never assume that highly educated patients have high health literacy levels, or that those with limited educational background have low health literacy.	 A patient who isn't well informed can't participate in decisions about their own care. 	 "What does the patient and family already know about their condition?" "Should I include the patient's family members to enhance empowerment and engagement?" "Is the written information I'm providing readable at the patients' health literacy and numeracy levels?" "What creative techniques (such as video or personal demonstration) can I use to teach the patient?"
Illness severity Severely ill patients may have multiple, pre-existing health conditions, altered states of consciousness or awareness, or may be anxious about the diagnosis or prescribed treatment.	• Severe illness may diminish a patient's ability to receive information and education or to engage effectively with care providers.	 "If this patient can't engage in their own care, who should I ask from the patient's family/support system to assist the team?" "Is there a better time to engage the patient in this care activity?"
Nurse's limited time Nurse assignments may not allow time for conversations to assess a patient's specific needs, educational needs, or to engage them in teach-back techniques.	 Routine interventions can leave little time to engage patients. Without engagement, patients may not feel empowered to self-manage their health. 	 "What time am I setting aside today to engage this patient in their own care?" "What can I do to engage this patient and family in their own care activities?" "Will teach-back be appropriate for this patient and family?"

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information specific to the patient's level of health literacy, helping patients build selfawareness, and understanding behavior patterns to improve confidence and competence in self-management. At this stage, ask patients what they already know about their condition or diagnosis, ask how you can help them be a part of the healthcare team, and encourage their input. (See *Follow the script*.)

Engaged patients

Engagement requires that nurses include patients and families in all discussions about treatment plans, medications, and discharge plans. For example, ask patients what they think about the care plan or how they think they can better manage medications in the future.

Nursing interventions that foster engagement include using teach-back methods to ensure a patient's level of knowledge, attitude, or skill in managing medications, treatments, or self-care protocols and advocating for patients and families to be included in rounding and discharge planning. In addition, nurses should continually evaluate patient engagement with care decisions and activities and remove any barriers. For example, ask them to demonstrate changing a dressing, using crutches properly, or calculating an insulin dosage. These demonstrations will provide information about how activated (ready) they are to assume self-care.

Activated patients

Help patients and families take action to manage their health, assist them in maintaining behaviors and stretching further so they can anticipate what's next in their health journey, and support them in taking charge of medication, treatment, diet, and exercise plans. Fully activated patients know who to call for appointments or emergencies. Encourage patients to be their own advocates.

Specific nursing interventions related to activation include validating that the patient and family have the necessary knowledge, attitude, and skills to manage their health at home, confirming that they feel ready for discharge, addressing perceptions of readiness, preventing relapse or readmission, and handling new or challenging situations as they arise.

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Problem solving and planning for difficult situations help patients maintain their self-care behaviors. For example, ask how they feel about going home and if they're ready to administer their own medications. In addition, discuss potential problems they may encounter and how to tackle them.

Barriers and perceptions

Although it's relatively easy for nurses to integrate empowerment, engagement, and activation into their usual care routine, some barriers may block full implementation. The patient's age, cognitive ability, culture, education, health literacy, and illness severity, as well as nurse time limitations, may interfere with empowerment and engagement and negatively affect patient activation. (See *Identifying and overcoming barriers*.)

Consider using Stichler and Pelletier's 21item survey to measure a patient's and family's levels of empowerment, engagement, and activation. It can help you determine the patient's readiness for discharge from the hospital and identify gaps in knowledge or skill that may need to be reinforced before discharge.

Engage patients, improve outcomes

With empowerment and engagement, you can ensure that patients have the knowledge and skills they need to manage their health and care at home. Studies have demonstrated improved patient, provider, and organizational outcomes as a result of empowering and engaging patients and their families. Improvements have been documented in satisfaction levels with inpatient care, decreased costs and lengths of stay, decreased re-admissions, better adherence to provider prescriptions and instructions, and greater ability to perform selfcare. Clinical nurses also report feeling more professional satisfaction with the structure and processes of empowerment and engagement and witnessing the outcome of patients who are better prepared for self-care. AN

Access references at myamericannurse.com/?p=307434.

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