

Discussion: Patient Preferences and Decision Making

Student's Name

Institution of Affiliation

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Currently, research indicates that most medical decisions are made by physicians with minimal input from patients. However, shared decision-making for the provision of excellent-quality care recognizes that treatments, procedures, and tests should not only be medically appropriate, but also preferred by the patients and that decisions be informed by available clinical evidence (World Health Organization, 2016). Notably, clinical decision-making in nursing entails application of critical thinking skills to choose the best available evidence-based option to manage risks and address the needs of patients in the provision of high-quality care. As much as nurses are accountable for the quality, safety, and efficacy of their clinical decision making process, they are also accountable to their patients, clients and any other service user to whom they owe a duty of care. In this paper, the objective is to present an experience with patient involvement in treatment decisions.

During my shift in the inpatient care unit, I had an interaction with a 45 year old male with Type 2 diabetes accompanied by elevated levels of cholesterol. During this experience, I had an opportunity to provide patient-centered care in which the patient cooperated with me during assessment. During the assessment process, we exchanged information between each other, thus developing trust and respect. Communication and building relationships during patient-centered care is the first step towards shared decision making concerning patient's treatment (Pomey et al., 2015). The patient in this case raised a need, which is to reduce the levels of bad cholesterol associated with Type 2 diabetes and consequently prevent heart problems. This patient's need influenced his quest for solutions. Through building relationships, both the patient and nurse need create a partnership when there is collaboration and power sharing (World Health Organization, 2016). When there is power sharing during patient-centered care, there is mutual

responsibility towards each other. Notably, the relationship I created with my patient strengthened over time resulting in directional trust and respect. Studies indicate that patient who feel trusted and respect are often quick to communicate, hence are more open to share information (Truglio-Londrigan, & Slyer, 2018).

Besides, in this patient-centered care the impacts of patient-nurse involvement were evident. In this assessment, I got to know the patient and his specific preferences concerning the mode of treatment and therapy. The patient preferred subcutaneous injection as opposed to the suggested inhaled insulin (Shah et al., 2016). According to the patient, subcutaneous injection has worked well with his grandfather and as a result, he believed that it would work well with him as well. Through this patient decision aid, the nursing team was able to inform best practices for patient care and healthcare decision making. We reached into an agreement and created a care plan that included daily subcutaneous injection. Besides, the patient provided all details including age, race, spiritual and cultural beliefs, education, as well s life experience. All those characteristics had significant influence on the patients shared decision making and the value he placed on shared decision making (Shah et al., 2016). The assessment reveals that the patient viewed himself as sharing in decision-making.

Throughout assessment, the patient provided crucial information concerning other complications that came with diabetes, such as kidney problems. The patient's mentioning of his kidney problems prompted for another care plan for the management of kidney stones which had just start developing because he stated that he passed out crystal like substance as he urinated one particular morning. More importantly, through this interaction, I got the opportunity to know the patient, his family, and community, thus building a practice based on the facts and evidence rather than on assumptions. Besides, I was able to teach the patients concerning the type of

exercise, diet, and medications to manage his kidney stone. The patient was able to teach me back using his own words, indicating that he understood what is entailed in his care.

References

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