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**How do nurses facilitate shared decision making in HIV care? – An exploratory study of UK nurses knowledge, perceptions of facilitating shared decision making in clinical practice.**

Michelle Croston  
RN, RHV

Bmed Sci (Hons), BA Science (Hons), Grad Dip Aesth  
Medicine. Professional Doctorate Student



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# What does shared decision making (SDM) mean and why is it important?

- ✓ SDM is a process in which clinicians and patients work together to clarify treatment goals, share information about preferred options of care.
- ✓ SDM is an important part of promoting self management and empowerment for people with long term conditions.
- ✓ SDM enables clinicians to involve patients with decisions about their care.
- ✓ Through SDM patient care is tailored to the patient's needs.
- ✓ SDM gives the patient an equal voice within the consultation.



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What does this mean in  
HIV care ?



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# Research aims

The research aimed to explore current views and practices amongst HIV nurses regarding SDM in order to identify training and support needs:

- To explore what nurses understand by SDM
- To explore perceived benefits/facilitators to SDM in HIV care
- To explore how SDM is practiced in everyday HIV clinical setting.
- To explore HIV nurses' views of current SDM resources and to identify what additional resources may be required
- To identify specific training needs in relation to SDM in HIV care
- To establish the most acceptable format for additional learning material or skills development in relation to this topic



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# Methodology

- Mixed Methods Study
- Phase 1: A qualitative study, 4 focus group discussions (15 participants in total), were held to explore HIV nurses views and practices around SDM. These were thematically analysed and the results were used to develop part 2.
- Phase 2 : On –line survey that was sent to all members of the National HIV Nurses Association (NHIVNA)The survey sought to identify knowledge, challenges , gaps and training needs in relation to SDM. The survey received 64 responses out of a possible 258 ( 25% response rate).
- Ethical approval granted by the University of Nottingham



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# Overview of findings : Phase 1

Theme	Sub-theme
Interpretation of Shared Decision Making	Varied understandings Varied groups involved Varied focus
The role of the nurse in Shared Decision Making	Advocate Information giver, teacher translator Expert Health promoter
Proficiencies for Shared Decision Making	Knowledge Interpersonal attributes Communication skills
Challenges in Shared Decision Making	Patient factors Social factors Organisational factors Health system factors



*‘ I suppose I see it as a partnership really, working with the patients and giving them information to help them to make decisions supporting them in whatever decisions they make. So I see it more as a partnership’ (Nurse 5, FGD 2)*

*‘you’re an advocate aren’t you? As well, even though it’s their decision, you’re there to advocate for them, so you’re listening to their views so you then have to advocate for what they want’ (Nurse 1, FGD 1)*

*‘ I personally don’t feel that I will ever feel I have given this person enough information is especially if they are still deciding not to take medication’ ( Nurse 2, FGD 3)*

*‘ I think also, again I don’t know about the rest of you but maybe using a bit of motivational interviewing , just to see where patients are situated with that particular decision at the time. I’ve found that useful.’ ( Nurse 5, FGD 2)*



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# Overview of findings : Phase 2



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Activities	1	2	3	4	5
Adherence	1.6% (n=1)	0% (n=0)	7.8% (n=5)	23.4 % (n=15)	67.2 (n=43)
HIV testing	28,1 % (n=18)	12.5% (n=8)	4.7% (n=3)	9.4% (n=5)	45.5% (n=29)
Sexual risk taking	3.1% (n=2)	1.6% (n=1)	23.4%(n=15)	31.3% (n=20)	40.6% (n=26)
Starting treatment	15.6%( n=10)	7.8%(n=5)	20.3% (n=13)	21.9%(n=14)	34.4%(n=22)
Switching Tx	20.3% (n=10)	15.6%(n=10)	18.8% (n=12)	15.6% (n=10)	29.7% (n=19)
Stopping Tx	34.4%(n=22)	17.2% (n=11)	20.3% (n=13)	20.3% (n=13)	7.8% (n=5)
Opting out of Tx	29.7% (n=19)	15.6% (n=10)	29.7%(n=19)	18.8% (n=12)	6.3%(n=4)
Psychological care	3.1% (n=2)	3.1% (n=2)	15.6% (n=10)	31.3% (n=20)	20.3% (n=13)
Smoking Cessation	4.7% (n=3)	10.9% (n=2)	32.8% (n=21)	31.3% (n=20)	20.3% (n=13)

# Situations where knowledge and skills in SDM would enhance

Top 6 issues	Responses
Chaotic patients	57.8% (n=37)
Patients who did not attend	51.6% (n=33)
Patients with mental health problems	46.9% (n=30)
Patients who refuse treatment	39% (n=25)
Patients who take recreational drugs	32.8% (n=21)
Patients with drug/alcohol addictions	28.7% (n=18)



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# Implications for practice

- There needs to be more awareness of SDM within clinical practice
- Training in SDM needs to meet the needs of the nurse supporting people living with HIV
- More research is needed with regards to how the principles of SDM can be implemented into HIV care.



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# Concluding thoughts

- SDM is an important aspect of nursing care for people living with HIV
- Patients are often asked to make complex and challenging decisions about their care.  
Working in a partnership approach enhances outcomes for patients.
- <http://www.nhivna.org/audit-of-HIV-psychological-support.aspx>



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# Thank you

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