

Role of Nurse Practitioners in Shared Decision Making: Examples of Heart Failure Patients in Rural Hospital

Wei-Chuan Tseng¹, Yu-Chen Chang², Chia-Jung Chen³, Chuan-Hsiu Tsai^{4*}

^{1,2,3} Department of Nursing, Dalin Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation, Dalin, Taiwan

⁴ Department of Nursing, College of Nursing, Tzu Chi University of Science and Technology, Hualien City, Hualien, Taiwan

Background

Shared Decision Making (SDM) has been widely applied in clinical practice. Rural and elderly patients have significant deviations from urban residents in their health-seeking habits, preferences, values and access to medical information.

Methods

The aim of this paper is to discuss from nurse practitioners' point of view of about the challenges and factors that influence the experiences of the implementation of SDM in rural hospitals. The results of **this synthesis will contribute to proper implementation of SDM in low health literacy areas in the future.**

Results

The process of implementing SDM in rural hospitals, doctors in attendance had limited knowledge due to time factors and patient health knowledge. Often unable to really understand the pros and cons of the treatment, or they had explained it in detail, but they could not agree with it.

The elderly living in rural areas respect "doctors" and do not dare to question doctors. They are often unable to effectively express their thoughts in front of doctors, or they may have misunderstandings without realizing it.

Conclusions

Nurse Practitioners are dedicated to improving core competencies such as professionalism, problem-solving skills, critical thinking, and integrated care. They actively promote the clinical application of SDM for chronic diseases. Older adults in rural areas have high confidence in specialists and maintain good interactions with them. **Nurse Practitioners, playing a vital communication and coordination role, are key to promoting SDM,** but must consider ethnic, cultural, and demographic characteristics of rural residents while integrating existing medical services.

請透過以下四個步驟來幫助您做決定 步驟一、您選擇治療方式的考量，請您圈選下列考量項目？ 步驟二、以上提供的資訊，您對於心臟復健是否了解呢？ 步驟三、您決定心臟復健方案了嗎？

步驟一、比較每個選項的優點、缺點

(1分代表「非常不在意」，5分代表「非常在意」)

方案比較	復健科執行心臟復健	復健科獨立運動處方後居家心臟復健	居家心臟復健	考量項目	非常不在意	在程度	非常在意	非常在意選分數越高時，建議您考慮的方案		
復健場所	醫院	居家	居家	復健效果	1	2	3	4	5	復健科執行心臟復健
運動時間	一周2-3次，一次約60分鐘，預計2-3個月	依運動處方建議居家復健	依衛教建議自行復健	復健安全性	1	2	3	4	5	復健科執行心臟復健
費用	1. 交通費 2. 部分健保給付復健門診及復健治療費用	1. 交通費 2. 部分健保給付單次門診接診費	無	時間及地點方便性	1	2	3	4	5	復健科獨立運動處方後居家心臟復健 居家心臟復健
全程專業人員監督陪同	有	無	無	病人自主性(主動執行)	1	2	3	4	5	復健科獨立運動處方後居家心臟復健 居家心臟復健
復健安全性	佳	低	低	費用	1	2	3	4	5	居家心臟復健
回診次數	需平日時間固定到院訓練	需單次到院看診	無							
復健難易度	視病況調整復健訓練	復健醫師建議運動難易度，但無法即時調整難易度	住院或門診常教基本運動概念執行							

1. 心臟衰竭復健可以在家復健
是
否
不確定

2. 心臟衰竭居家復健須自主(主動執行)能力強
是
否
不確定

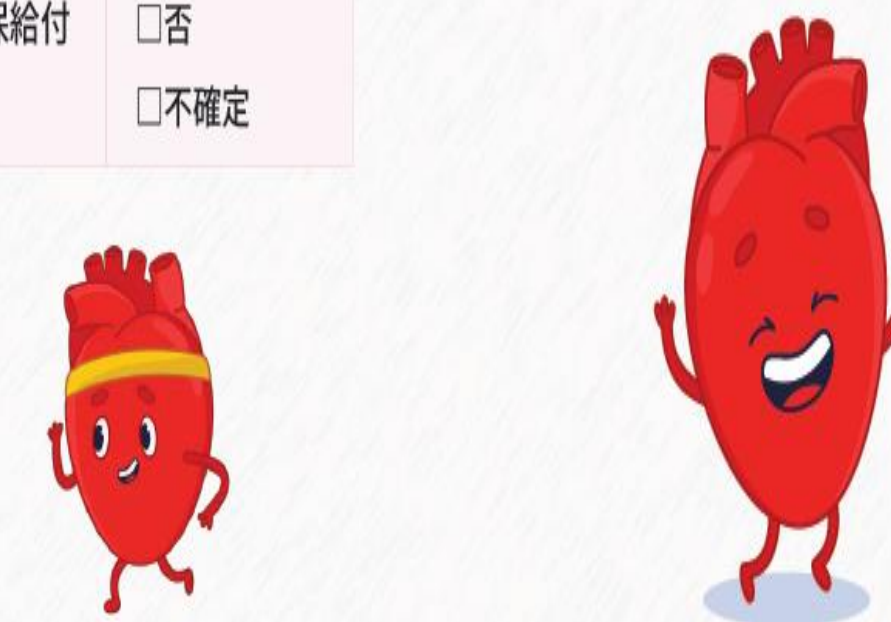
3. 心臟衰竭復健科復健全程有專業人員監督陪同
是
否
不確定

4. 心臟衰竭到復健科復健的效果高
是
否
不確定

5. 心臟衰竭到醫院復健有部分健保給付
是
否
不確定

我已確認好想要的心臟復健方式，我決定選擇：(下列擇一)
復健科執行心臟復健
復健科獨立運動處方後居家心臟復健
居家心臟復健

我目前無法決定，原因如下：
我想要再與我的主治醫師討論我的決定
我想要再與親友討論我的決定
對於以上治療方式，我想要再瞭解更多我的問題有：_____



心臟衰竭復健方案比較

復健場所	復健時間	專業人員監督陪同	回診次數	復健安全性	復健難易度
醫院	一周2-3次、每次60分鐘 持續2-3個月	有	固定至醫院訓練	佳	視病況調整復健訓練
居家	依運動處方建議居家復健	無	單次至醫院看診	低	無法即時調整難易度
居家	依衛教建議自行復健	無	無	低	衛教基本運動概念執行

Contact information

Wei-Chuan Tseng
E-mail: weichuan1024@gmail.com

