

# Competent Patients' Refusal of Nursing Care: A Focus Group Interview

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## Abstract

Competent patients' refusal of nursing care raises important questions, potentially creating stressful situations for nurses. This study explores the nurses' roles and challenges in caring for competent patients' refusal of nursing care in a rural general hospital in Brunei Darussalam. Twenty-two registered nurses participated in the research. The data were analysed using thematic analysis. The study indicated that nurses attempted to respect a competent patient's refusal of nursing care, as the majority wished to avoid any paternalistic or judgmental approach towards such refusal. They recognised the ethical and professional duty to help the patient in their decision making. However, such duty comes with its own set of challenges.

**Keywords:** Nurses' roles, challenges, competent patient, refusal of nursing care, qualitative, Brunei

## Introduction

Nurses must always uphold human rights protection and the profession's values and ethics.<sup>1</sup> However, competent patients' refusal of nursing care raises important questions about the real issue of a career for the nurses and nursing care. The nurses were left to follow the doctor's instructions and the patients' wishes to refuse care.<sup>2</sup> As nurses are responsible for informing clients and the community about the care available to them; they are also expected to respect and

support clients' rights to accept or decline treatment and care.<sup>3</sup> A competent patient is a person who is fully aware of the consequences of the decision he or she is making.<sup>4-6</sup> However, the refusal of nursing care by competent patients raises serious concerns for nurses and nursing care.<sup>7</sup> For example, a potential conflict exists when the nurse cannot provide interventions and needs a clear moral direction and institutional policies to support practice when challenged with such refusal.<sup>8</sup>

When faced with a reluctance to accept nursing care, the nurses respond to this by giving information until the patient accedes and consent to the care.<sup>9</sup> Such action reflects the principle of informed consent and the ensuing conflict between patient autonomy and the health care professional's obligation to benefit the patient.<sup>10</sup> Refusal of nursing care poses a challenge due to the lack of a formal consent process.

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Informed consent is often not addressed but assumed before nursing procedures because patients usually comply.<sup>11</sup>As a result, compliance can appear to be implied consent and, if assumed, can threaten patient autonomy. The principles of informed consent are well discussed in the ethical literature, requiring that a patient be informed and competent so that voluntary consent is established<sup>11</sup>. It has been suggested that nurses may have incomplete and wrong practices within their roles in the context of informed consent.<sup>12</sup>

Meanwhile, the competent patient might decide against recommended care for many reasons. Some patients decide against care because of psychological factors such as previous 'bad' experiences with the recommended intervention, distrust of the health care team and communication problems.<sup>13</sup>However, the principle of autonomy should not be used to rationalise a hands-off approach when more information and better communication might result in a plan of care that is acceptable to all.<sup>14</sup>For example, nurses might provide several courses of action, such as providing additional information and education or merely respecting the patient's autonomy.<sup>11,15-16</sup>

## **Methods**

### **Study design**

This qualitative descriptive research was conducted in November 2020, focusing on the experiences and perceptions of the targeted participants<sup>17</sup> and exploring the process of interaction, behaviour, meanings, and values of participants in their natural context.<sup>18</sup>

### **Participants' Characteristics**

Registered nurses from one hospital in Brunei Darussalam were recruited through a gatekeeper and face-to-face recruitment briefing. Thirty nurses

attended the recruitment briefing, and a total of twenty-two nurses have volunteered to participate in the research. The type of sampling used was purposive sampling, and no relationship was made with the participants before the study period.

### **Data collection**

The study used two types of interviews for the data collection: individual face-to-face interviews and focus group interviews. A total of six key questions related to the research topic were constructed based on the aim and objectives of this study. The duration of each interview was approximately 45 minutes. Field notes are particularly useful for the researcher to engage in reflective practice.<sup>19</sup>All recorded interviews were transcribed verbatim.

### **Data Analysis**

The research team analysed the data using Braun and Clarke's six-step framework.<sup>20</sup>The audio data were first transcribed verbatim and were later translated into English. The team reviewed several times to acquire a general understanding of its main ideas. Coding was performed manually using pen makers and papers to generate the initial codes. Once coding was completed, similar codes were collected and later sorted using a mind-mapping technique. The team further reviewed and sorted the codes, which resulted in three broad themes. The team then critically analysed each theme to identify the essence of the theme and to check whether the theme fitted into the overall data.

### **Trustworthiness**

Trustworthiness was described for the main qualitative content and analysis phases, from data collection to reporting results.<sup>21</sup>The four aspects of trustworthiness in qualitative research are credibility,

dependability, conformability and transferability.<sup>22</sup> All of these aspects were established in this study. All interviews started with warm-up questions about the participants' understanding of a competent patient. This set of questions ensured that the participants shared a similar understanding of competent patients' refusal of nursing care with the researchers. All audio recordings were transcribed verbatim to retain the quality of data analyses and the objectivity of study conclusions. Meanwhile, quotes from the participants were presented in the findings for conformability. The analysis process was finalised to ensure credibility and coherence between the themes and the data.<sup>23</sup> The data was saturated during the last focus group, but two more individual interviews were carried out to ensure no additional information emerged. The participants' age range and experience level were broad, contributing to the findings' transferability.

### **Ethical considerations**

The University Research Ethics Committee approved the study design (reference no: UBD/PAPRSBIHSREC/2020/54). Participation was informed and voluntary, requiring written consent. The nurses retained the right to withdraw their participation at any time. Confidentiality was assured, and all research data were analysed anonymously.

### **Findings**

The nurses reported that they experienced competent patients' refusal of nursing care as an inherent aspect of the nursing profession. Three major themes were presented in the findings; these were illustrated using verbatim quotes from the participant nurses.

#### **Theme 1: Understanding patient refusal**

The nurses were initially asked about their

understanding of the competent patient. Most of them indicated that they understood the term used. The majority of the nurses stated that a competent patient is an adult patient aware of and understands their health status. However, at the same time, they also perceived that competent patients could refuse any proposed care given even though they knew the consequences of the refusal:

As competent patients, they know about what is going on with them. They can make their own decision without influence from others or not under any influence of drugs or alcohol. As patients, they know they have the right to refuse (Female 1, FGD1)

The nurses reported that the competent patients' refusal of care either happened directly by verbally saying no or indirectly from the patient's action or reaction. The patient tends to agree to cooperate in front of the doctor but usually does not intend to come for any nursing care given as a follow-up, for example, when the patient has to attend an appointment or any further nursing intervention. Patients will also sometimes ask for another option, for example, after refusing to take medication:

Some patients refused to take the medication from the doctor. They would also wonder if they should go for an alternative path. (Male 5, FGD2)

The majority of the nurses agreed that it was appropriate to understand the reasons for patients' refusal of nursing care. Some of the nurses responded by reflecting on their own experiences as patients. They knew what it felt like to be a patient:

I have multi health issues. The health professionals treat me as a competent patient because I have been working as a nurse for more than 20 years, but that does not mean I always follow the rules. Sometimes

I refused to follow the treatment plans (Female 10, FGD3)

### **Theme 2: Giving information**

Several nurses mentioned that a patient refused care but accepted after receiving further information about the proposed care. This study identified how the information should be delivered or conveyed so that the patient could reconsider their refusal. The information was critical because it helped acknowledge a sense of responsibility to understand the patient further. Nowadays, patients are perceived to be well-informed; and nurses be exceptionally vigilant not to give the wrong information. Any information given or shared by the nurse will be listened to cautiously and examined by the patient:

Patients seem to know everything and ask for many things. The patient will listen to every piece of information shared and question before agreeing to any care. They are goggling the internet to look for any information. (Female 3, FGD1)

The nurses considered several steps when the patient refused care after relevant information. The nurses frequently cited informing the doctor first for a second opinion. Meanwhile, nurses' responsibilities include educating the patient about the various advantages of treatment and the drawbacks of not having them. In addition, nurses believe that they must find ways to encourage the patient to change their minds:

Rather than giving instructions, the nurse may want to begin a conversation by asking whether they like to do it now or later, respect their privacy, be flexible and understand. Giving reassurance is essential. One of the examples is asking the patient to take their medication at the right time (Male 8, FGD4)

It is also essential for nurses to be aware that patients who usually refuse care must be treated with empathy:

It is essential to give space and time for the patient to think. Most people do not like being pushed, so the advice is to go slow and do things in their own time. It does not help at all when we push them. They might rebel and refuse to listen to you. (Female 12, FGD4)

### **Theme 3: Easier said than done**

While nurses acknowledged and respected patient refusal of care, they also recognised their primary role and duty in persuading the patient to agree to the proposed care. The nurses established that most patients understood their health status but refused to accept care. The main challenge for the nurses was to convince patients to accept or at least to reconsider the proposed care:

Convincing them can be relatively demanding. Some would listen to us, but some may still have doubts and ignore what has been told. (Female 4, FGD2)

In most cases, nurses voiced disappointment whenever patients refused the proposed treatment or care. Nurses believed that the decisions they made were in the patient's best interest:

Some patients would probe us back and forth by saying, 'If you become the patient, what would you do?' You have no idea how it feels to be a patient. If you can feel it, then you will know. (Female 2, FGD 1)

A few nurses pointed to existing cultural values when establishing informed consent. The wife will typically wait for her husband to decide for her, although she is competent as a patient:

The wife as a patient will mostly follow all her husband's decisions, especially in obtaining consent for any treatment or care. There is a case that the patient needs to start on antibiotics for her fever, but she needs to discuss it with her husband first. (Female 13, FGD4)

Another challenge was that the hospital is located in a small district with a close-knit community where most people know each other. The nurses reported that most patients were familiar with them, so it was easier for them to negotiate with them and refuse care.

### **Discussion**

From the findings, nurses' roles were influenced by several factors. When nurses encounter a patient who refuses nursing care, the nurses' role is to respond to the refusal. From the first theme findings, the nurses attempted to understand the reason behind the refusal and acknowledged and respected it. The most important thing is that if the patient refuses nursing care, the nurses or health care providers need to understand the reason behind it and rule out the misunderstanding. It is common for there to be miscommunication. This goes back to making sure patients truly understand the options explained to them.<sup>13, 24</sup> Refusing care can occur as a result of barriers, which can be defined as factors that limit access to obtaining quality health care, for example, financial concerns or time constraints.<sup>25, 26</sup> It appears that by acknowledging the reason behind the refusal of care, the nurse could negotiate to meet the patient's needs. Some nurses shared their own experiences as patients to show empathy.

This study indicated that nurses were not necessarily judgmental of the patient's refusal of care. The majority of the nurses wished to avoid any paternalistic or judgmental approach towards

such refusal. High-quality nursing care is achieved when patients feel heard, understood and considered themselves in safe hands. Similar studies illustrate these points. Nurses were guilty of coercion by offering only one option for care.<sup>24</sup> The findings show that patients like other options or alternative ways of dealing with care. The nurse's responsibility is to ensure that the patient's right to refuse nursing care is respected at all times, and patients have the right to choose their treatment.<sup>3</sup> Therefore, the nurses have a professional and ethical duty to ensure that they do not judge the patient. Nurses should try to help the patients with relevant information to help them decide.

Professional guidance suggests that refusal of treatment by competent adults should be respected.<sup>27</sup> Nurses in this study have clarified steps to deal with the refusal. The first step is about the provision of information. Today's patients are more informed when they ask for more information regarding their health conditions. Most nurses held a positive attitude towards the patient with internet information. It is suggested that nurses be ready and fully prepared if they encounter this kind of patient.<sup>28</sup> The patients may appear to be "difficult" because they are anxious or expect to hear something pleasant from the healthcare professionals to ensure that the internet information they found is relevant to their understanding. The importance of giving time for the patient to think was a good approach. When in doubt, the healthcare professionals must take a step back and get input and validation and review the ethics guidelines.<sup>24</sup> When decisions were made in a hurry, without giving the patient time to think, this affected patient cooperation. If nurses allow patients to decide on their care, the nurses must be first empowered, particularly as they have greater accountability for their actions.<sup>29</sup> The study also indicated the need for nurses to possess

assertive communication skills to advocate for patients. Assertiveness helps enhance relationships avoid power games and is a vehicle for clear outcomes.<sup>30-31</sup> However, increased workloads and time constraints somehow restricted nurses from discussing their patient's concerns effectively<sup>32</sup> and such ineffective professional communication can compromise the quality of care.<sup>33</sup>

Meanwhile, the primary responsibility of the nurses was to ensure the patient received the best possible care. Refusing nursing care does not indicate the end of this responsibility because a healthcare provider still needs to advocate for the patients' decisions and well-being even when those patients have refused care. The nurses in this study discussed the challenges they faced for this theme. Most nurses mentioned that convincing the patient was the most challenging aspect of refusing care. Patients were quickly labelled as demanding, and some nurses do not react positively to being asked about health matters because they sometimes view this as a challenge to their knowledge. Reassuring a patient about any treatment or care risks can positively influence patients' decisions and facilitate better care.<sup>34</sup>

### **Limitations**

This study's limitations include the following factors: single hospital involvement and the potential of biased, whereby nurses may give a popular answer rather than an honest outlook. This may negatively influence the outcome of the study.

### **Conclusion**

The nurses recognised that they have an ethical and professional duty to help the patient through offered information, which could help the patients to reconsider and accept the proposed care. The

findings of this study should be valuable in guiding and designing institutional policies or guidelines that enable a balanced approach for nurses to support patients when they refuse care. Future research should examine the perspectives of patients and other healthcare professionals on the refusal of care in the context of healthcare. Specific care activities that patients frequently refuse should also be given serious consideration, and tangible approaches should be established to mitigate these possibilities in the future.

**Conflict of Interest:** None

**Funding:** None

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