

Exploring clinicians' comfort with the inclusion of sleep patients' designated partners in clinic.

Kim Ward, Rosemary Frey.



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Introduction

CPAP-users manage better with treatment for sleep apnoea when a close family member, typically the bed-partner, is involved in the care process, including clinic appointments.^[1, 2] Inclusion of patients' partners at clinic is dependent upon the acceptability of partner involvement to clinicians. We aimed to understand clinician views, beliefs and perceptions of current practices surrounding partner presence in clinic to inform future interventions that include patients' partners in clinic.

Methods

We used a descriptive cross-sectional design, generating data via sequential mixed methods of survey (n=28) and qualitative semi-structured interviews (n=5). The survey was an adapted Emergency Department Family Presence (EDFP) scale.^[3] Followed by individual telephone interviews focusing on the views, beliefs and attitudes toward the presence of partners in clinic, which were thematically analysed and synthesised with survey data.^[4, 5]

Participants came from a national clinical respiratory sleep community (n=80 est.):

Practice (in years)	# participants
0-10	9
11-20	7
>20	12
Country of training	
New Zealand	18
United Kingdom	6
Australia	1
France	1
India	1
Not stated	1
Years of work in clinic	
0-10	16
11-20	6
>20	5



Findings

Overall, our data support clinicians' willingness to have partners and whānau present in the clinic room with patients. Synthesis of survey and interview data identified three themes:



Theme 1: Clinicians acknowledge the worth of partner presence in sleep clinic.

Interviewees identified advantages of partner presence for the patient and family, and for the health professionals in their work. Indeed, most clinicians reported minimal stress or anxiety for themselves or the patient with a partner present. Professional role did not influence responses about personal beliefs.

"it's only when the partner's along that you realise just how bad things are from an independent source"



"introducing new equipment to the bedroom is a sensitive change to both"

"physically mov[ing] their body to be there, they've showed their respect for that person, and they deserve respect back for this, for fronting up."



Theme 2: Factors that create the space for partner presence in clinic.

Clinicians who encouraged partner presence were more likely to have a partner present during a patient's clinic appointment, $r(21) = .54, p < 0.05$. Strategies to have a partner present included verbally asking patients to bring a support person, using names of people present, thanking them for coming, and stressing the importance of having the partner there in a supportive role. Clinicians described creating a therapeutic alliance and developing trust as important to optimise information sharing about the importance of sleep apnoea treatment.

Theme 3: Factors that limit the space for partner presence in clinic.

Factors that limit partner presence in clinic included an ad-hoc approach to partner inclusion rather than an active intent to include the partner, lack of confidence to speak in front of family, clinic time constraints for clinicians and time related or logistical constraints for family members.



I guess if somebody doesn't bring their partner in with them, you know, I'll usually ask why is that? And quite often it's a time factor, or looking after children."

Take home messages

- Clinicians are largely supportive of partner presence in clinic.
- Building clinician confidence with dyad-focused consultation, and with logistical solutions to clinic timing is important.
- Addressing limiting factors to partner presence will foster a more collaborative role for the partner in the care of people using CPAP for sleep apnoea.

Contact Kim Ward | k.ward@auckland.ac.nz