Article

Communication Themes of Patient Engagement for Multi-speciality Hospitals: Nurses' Perspective

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Abstract

Introduction: Patient engagement is engaging patients in their own medical care to heal them faster and take their valuable inputs to improve the health of population. Nurses contribute significantly in treatment, interact and spend most of their time with inpatients. Therefore, exploring the perspectives of nurses on patient engagement-communication is of vital importance.
Objective: This article focuses on exploring the communication themes of patient engagement from the perspective of nurses in a multi-speciality hospital in Delhi.
Methodology: The exploratory qualitative case study was carried out with semi-structured interviews of 12 nurses, observation at receptions of ICUs and emergency department and analysis of documents from the hospital's official website. Grounded theory—three-level coding—was performed to identify the themes of patient engagement-communication.
Results: A total of nine themes have been identified: 'attendant's role', 'communicating with patients of different categories', 'doctor's support to nurses', 'nurse action', 'nurse behaviour', 'nurse challenges', 'patient actions', 'patient emotions' and 'wider role of nurses'.
Conclusion: Nurses play a critical role in engaging patients through communication. They should change their approach of communication with different types of patients, understand, respect and give due weightage to patient's emotions and actions and, play a wider role of teacher and guardian than just being the nurse.

Keywords

Patient engagement, nurse communication, patient communication, nurse behaviour, nurse challenges

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Introduction

In multi-speciality hospitals, nurses can be found nearly everywhere—at outpatient helping doctors, at the bedside of patients in the exam room, in a ward and inside operation theatres. Nurses are the main pillars of patient care, making nurse–patient communication vital for a positive patient experience. The two main goals of nurse–patient communication are 'creating a positive, warm and compassionate patient experience' and 'creating meaningful patient engagement and delivering patient education'. The nurse–patient communication is a building block of nursing science and high-quality nursing care (McCabe, 2004). Fleischer, Berg, Zimmermann, Wüste, and Behrens (2009) contended that 'the main intention of communication and interaction, in the health setting, is to influence the patient's health status or state of well-being'. A nurse's ability to explain, listen and empathize with the patient has a profound effect on their biological and functional health outcomes, not to mention patient satisfaction and patient care experience (Oxelmark, Ulin, Chaboyer, Bucknall, & Ringdal, 2017).

Patient engagement is defined as a process that enables patient alliance with clinicians to enhance their recovery experience (Simpson, 2004); behavioural stimulation that contributes to reduced resource abuse and improves health outcomes (Casale et al., 2007) and improves healthy behaviours and positive health outcomes (Hibbard, Mahoney, Stock, & Tusler, 2007). Patient engagement is achieved by engaging patients through a dialogue (Gill, 2013; Stewart, 1995). Engagement starts with communication and forms the fundamental basis of involving patients in their own healthcare, developing trust between providers and patients, considering patients as major stakeholders and improving overall healthcare quality of service, thereby reducing patient complaints while increasing patient satisfaction (Coulter, 2012). The aim of the current research is to identify the themes of patient engagement-communication between inpatients and nurses in a multi-speciality hospital environment.

Literature Review

Patient engagement through communication is the process of involving patients in their treatment with the help of better, proactive and clear communication with healthcare service providers (Coulter, 2012). It has several dimensions such as organizational (use of information communication technology, type of healthcare settings, format of intervention, role and attitude of healthcare professionals and admission process), relational (communication between patients, patient and healthcare service providers, and between patient and caregivers) and individual (behavioural, emotional and cognitive) (Barello, Graffigna, & Vegni, 2012). Communication between nurses and patients provides a positive impact on the life and well-being of the patients (Gruman et al., 2010). Various aspects of communication with patients such as scope, duration and approach are controlled by nurses. Nurses are responsible for engaging and understanding patients who cannot speak, and help them heal faster (Happ et al., 2011). Nurse–patient communication depends upon the knowledge of nurses, interpersonal style of communication and health concerns of the patients. The communication should be health-focused and based on the principles of nursing care, as a nurse plays the roles of a leader, teacher, technical expert and surrogate (Evans, 2016). Patients visualize different aspects of communication with nurses and try to make sense from their own perspective. For a nurse, understanding the patient experience and developing their own interpretation of 'excellent communication' is an important task that can improve the nurse–patient therapeutic relationship, build rapport and trust (Nadzam, 2009; Stoddart, 2012).

Communication between a nurse and a patient should be patient-centred and depends upon frequency and duration of the visit of the nurse, the speed of speech and verbal dominance. Patient-centred communication

leads to better ratings of care by patients, overall patient satisfaction, the likelihood of patient referral and good words of mouth from patients (Cooper et al., 2003; Ghosh & Saha, 2013; McCabe, 2004). The need to involve patients in their own care should be emphasized. Shared power and higher responsibilities should be given to patients at different levels of the involvement such as at treatment, policymaking, hospital governance and organizational design levels. Appropriate knowledge provides the right motivation to the patients, which helps them in treatment (Carman et al., 2013; McCarley, 2009).

Challenges in Nurse–Patient Communication

The different objectives of communication between a nurse and a patient may often lead to conflicts. Besides severe pressure on their time, nurses have predefined clinical agenda and communicate accordingly, often neglecting the patients' perspectives and needs (Adinolfi, Starace, & Palumbo, 2016; Mariappan, 2013; Negi & Bagga, 2015). An empirical study demonstrates that patients are not open and proactive in explaining their problems during admission to hospital. The phenomenon of interviewing patients at the time of their admission to a hospital is complex in nature and nurses lag the conceptual and context-based clarity to engage patients effectively through communication right at the early stage of patient's hospital experience (Jones, 2009). According to patients, sometimes, their communication with nurses is out of scope and of insufficient duration (Hemsley et al., 2001; Macdonald et al., 2013). More than 30 per cent of nurse–patient communication is either understood partially or ignored entirely by nurses. When the communication between patients and nurses becomes difficult, nurses admit to get frustrated and avoid contact with patients (Wilkinson, Roberts, & Aldridge, 1998). More than 35 per cent of communication between nurses and patients regarding pain management either fails or is unclear and unresolved, leading to confusion in patients and in turn making it difficult for nurses to understand patient's responses (Happ et al., 2011). Patients complain that their communication with nurses is not very relevant, as nurses just focus to complete their routine official tasks, do not treat them as individuals and express frustration and carelessness (McCabe, 2004). Dominant, rigid and impersonal nurses are clearly rejected by patients (Finch, 2006). The importance of active involvement of patients in communicating with nurses has been neglected by several authors. Mostly, nurses control the topic and flow of conversation between patients and themselves, creating a one-way flow of speech. They do not consider the patient inputs, their opinions and their agreement in the entire treatment process. Patients just participate up to a limit and reply in short sentences to the specific questions of nurses (Krishnatray, Melkote, & Krishnatray, 2006). Since communication is a two-way process, the patient's part of communication should also be taken into account. The ownership of roles of a nurse and a patient in two-way communication should be decided clearly (Fleischer et al., 2009; McGilton, Robinson, Boscart, & Spanjevic, 2006). Nurses may not be confident enough to perform two-way communication with patients who face speaking and communication difficulties. Nurses are required to undergo training programmes to engage patients in a closer way through their communication (Coulter & Ellins, 2007). There are several factors leading to poor communication by nurses, such as high work pressure, difficulty in managing attendants, conflicting priorities and reduced motivation (Shafipour, Mohammad, & Ahmadi, 2014). In case nurses misinterpret patients about pain and other symptoms of diseases, they may provide wrong treatment to patients (Happ et al., 2011). Eye contact between participants is an important indicator of good communication. In an empirical study, it has been found that while talking, nurses make eye contacts just 40 per cent of the time with the patients. Lack of smile on the faces of nurses, which otherwise is a means of non-verbal communication and gives warmth, sympathy and openness to the patients, is also noticed often (Caris-Verhallen, Kerkstra, & Bensing, 1999; Happ et al., 2011).

Lack of Clarity in Patient Engagement–Communication

Nurses display conflicting behaviour in communicating with patients. The way the nurses behave has a significant impact on their communication with patients (Shafipour et al., 2014). Views of patients are also ambiguous about their engagement with nurses through communication. The phenomenon of patient engagement through communication is not clear in terms of roles and behaviours of interaction of nurses and patients. Nurse–patient communication begins as soon as the patients arrive at OPD, emergency unit or when they are admitted in ICUs. The communication happens during medical problem description, diagnosis and treatment (Finke, Light, & Kitko, 2008; Happ et al., 2011; McCabe, 2004). Nurse–patient communication can provide better patient engagement when the communication is patient-centric, interrogative, sufficiently timed, involves mutual participation and is two-way (Barello et al., 2012; Carman et al., 2013; Cooper et al., 2003). With such key constructs from literature, a theoretical framework is designed (refer to Figure 1).

The research question for the current study is 'What are the themes for the communication aspect of patient engagement?'

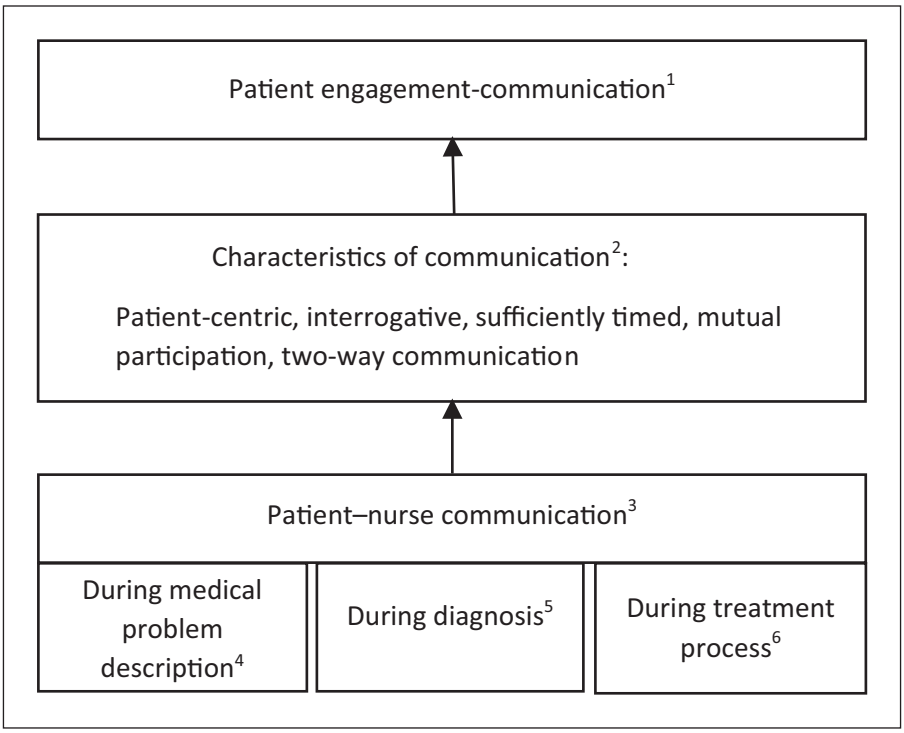

Figure 1. Theoretical Framework

Source: [1]Hibbard et al. (2007), McCarley (2009) and Gruman et al. (2010).
[2]Cooper et al. (2003), Barello et al. (2012) and Carman et al. (2013).
[3]Coulter & Ellins (2007), Deen, Lu, Rothstein, Santana, and Gold (2011) and Coulter (2012).
[4,5,6]McCabe (2004), Finke et al. (2008), Happ et al. (2011).

Methodology

As the literature suggests, the theory of communication dimension of patient engagement phenomenon as a whole for multi-speciality hospitals is at the very nascent stage (Happ et al., 2011; Hemsley et al., 2001; Jones, 2009; Macdonald et al., 2013; McCabe, 2004). The purpose of this research is to identify the themes (patterns) of communication dimension of patient engagement in a multi-speciality hospital environment. Communication aspect of patient engagement in India is an under researched, undeveloped phenomenon and is more visible in multi-speciality hospitals as compared to any other hospitals. Private healthcare accounts for nearly 74 per cent of India's total healthcare expenditure (Healthcare, 2017). Hence, the focus of the study is on private multi-speciality hospitals.

A case study is 'an empirical inquiry that investigates a contemporary phenomenon within its real-life context' (Zainal, 2007). The case study offers a means of investigating complex social units consisting of multiple variables of potential importance in understanding the phenomenon. The case study method is appropriate because patient engagement as a result of communication between nurses and patients in hospitals is a complex and context(hospital)-dependent phenomenon and involves social processes such as interaction, cooperation and accommodation (Yin, 2006). The contextual settings of a hospital are covered as the natural environment in which this phenomenon is occurring and is relevant to the study. Patient engagement is an 'individual'-level construct. The individuals are 'nurses' whose perspectives are captured through the case study. Theoretical sampling is adopted as it helps to collect, code and analyse the data, in parallel, to decide the next set of data to be collected (Glaser, 1992). Hospitals with 10,000+ beds, having more than 15 specialities, established before 1985 and spread across more than 8 countries have been selected as multi-speciality hospitals. Only three hospitals meet these criteria. The researcher met the Chief Quality Officers of all the three identified hospitals and sought permission to conduct interviews of the nurses within the hospital premises. Finally, just one hospital in Delhi permitted the researcher to conduct interviews of nurses at the premise.

A total of three different sources of data have been identified. First, semi-structured interviews with selected nurses, second, data from the secondary sources such as different documents available on the website of the hospital, third, data collected through observations at the reception areas of the emergency room and cardiac ICU of the hospital. Nurses were chosen to interview because they spend most of the time in communicating, taking medical care and managing the needs of the patients as compared to any other medical personnel (Cooper et al., 2003; McCabe, 2004; Stoddart, 2012). Nurses who were minimum nursing graduates with 1 year or above experience in multi-speciality hospitals with duty in any of the available ICUs have been selected, as those nurses can provide the best possible context of patient communication and the findings can be compared with the observation of patient–nurse communication at emergency and cardiac ICU receptions, respectively.

Data Collection

A total of 12 nurses (key informants) were interviewed (approximately 1 hour each) and interviews were audio recorded and transcribed verbatim. Fourteen hours of observation was conducted including 8h at emergency reception and 6h at cardiac ICU reception. Over 600 pages of documents posted on the hospital's official website, including annual reports, news, events, patient testimonial texts and articles, and investors' presentations were collected. Audios and videos of 10 patients' testimonials as uploaded in hospital website were transcribed verbatim and coded. The case study protocol was developed to detail about the study design, field methods such as participant details, consent process, organizing, managing

and recording the interviews and observation, revision and updating approaches, managing the data generated, transcription approach and ethical approvals and guidelines.

Qualitative data collection is a learning and continuous improvement process (Miles, Huberman, & Saldana, 2013). As the data were collected, data collection memo was prepared and updated. Table 1 represents a snapshot of the memo designed. As Interview data collection progressed, new thoughts emerged, reviewed and incorporated. A similar pattern was adopted for all other data collection methods. Based upon the initial reflection on data collection progress, additional questions were asked from nurses, a decision was taken to look for additional secondary data resources. This approach improved the quality and depth of data collected.

Data Analysis

As the objective of the data analysis was to identify themes through constant comparison and continuous interplay between data collection and data analysis, grounded theory approach was chosen because it was originally developed to theorize the social processes and is a tested and verified methodology in naturalistic inquiry in under-investigated areas such as patient engagement-communication between nurses and patients (Strauss & Corbin, 1994). Data were analysed based on grounded theory, three-level coding approach.

The process of coding from the data generated is defined in Figure 2. The data were generated from four different sources: nurse interview, field memo, hospital artefacts and non-participant observation at the reception of emergency department and Cardiac ICU. Coding was initiated by taking all transcripts of nurse interview and coding to three levels (open, selective and theoretical). Once the final themes emerged, field coding memo was taken as second data source, coded to three levels and validated for repeated or new themes. Repeating a similar process, hospital artefacts and observation notes were coded by constant comparison for new insights and codes. If, at any stage, there were any proposed changes, these were incorporated in the coding process and the process was repeated until a theoretical saturation was obtained (Strauss & Corbin, 1994). At theoretical saturation, the final themes had been identified. The coding approach was based on the continuous comparison, continuous learning and feeding the outcomes of learning back into the coding process.

As the coding was progressing, the coding memo was prepared for consistency and repeatability of the entire process. Table 2 details the sample coding memo. It shows the notes from grounded theory analysis, the beliefs and assumptions that support the notes, the emergence of new themes and finally the identified themes. The memo helped in streamlining and making the coding process more robust and presented the pieces of evidence to support the formation of unique themes.

Results

A total of nine different themes have been identified across the entire data set. These themes are ‘attendant’s role’, ‘communicating with patients of different categories’, ‘doctor’s support to nurses’, ‘nurse action’, ‘nurse behaviour’, ‘nurse challenges’, ‘patient actions’, ‘patient emotions’ and ‘wider role of nurses’.

Table 3 presents the nine main themes, sub-themes (level 2 codes) for the corresponding main themes and agreement from different sources of the data set to establish the chain of evidence of the findings (Yin, 2006). Column 2 lists down different unique sub-themes (level 2 codes) that were generated before arriving at level 3 of final themes. Column 3 shows the number of nurses who agreed or supported the

Table 1. Approach Change/Continuous Learning Log (During the Entire Data Collection Process)

Column 1	After Conducting Interview of (Not Exhaustive) Column 2	Interview Pattern Observation Column 3	New Thoughts Generated and Updates Incorporated Column 4	The Result of New Updates Column 5
Nurse interview at hospital	Nurse 1	Responses of nurse 1 were straightforward, with no examples of a particular situation or proof of a specific behaviour shown.	With each question, a real-life example should be asked.	Key informants now were giving more real and lively examples and could relate questions to the situations that were faced in past.
	Nurse 2	Responses of nurse 1 and nurse 2 indicated that nurses were facing some challenges while communicating with patients.	New Question on Challenges faced by nurses should be added: 'What challenges you face while having a discussion with patients?'	While coding, new data and insights emerged that were missing initially.
	Nurse 3	Responses till nurse 3 indicated that nurses were not comfortable in communicating with difficult and fuzzy patients.	Nurses should be probed further on quoting examples of difficult patients, how they finally managed those patients. Nurses were asked to explain 'How they managed difficult patients and what they learned during the process?'	New information emerged, which indicated that nurses learned to be calm, took help of doctors and attendants to manage difficult patients.
	Nurse 4	Few responses of nurses were unique as per their experience.	Unique experiences of each nurse were listed separately and next immediate nurse was asked 'What will you do if you face… situation?'	The response of the current nurse not only validated the response of the previous nurse but also added new insights in the data.

(Table 1 Continued)

(Table 1 Continued)

Column 1	After Conducting Interview of (Not Exhaustive) Column 2	Interview Pattern Observation Column 3	New Thoughts Generated and Updates Incorporated Column 4	The Result of New Updates Column 5
Field memo		Divergent responses to few questions were observed from different respondents.	Divergent responses were noted clearly in the memo.	While coding, the points were revisited so that appropriate reasons for divergent responses could be figured out.
		Few peculiar words/phrases have been observed during the interview of nurses.	Words to be noted, required to probe new questions and will help in coding. For example: 'we are born as a human first', 'You don't want to reveal the whole thing to the patients', 'We can't be rude but we have to be firm', etc.	New insights have emerged while coding.
Hospital artefacts	Annual report	Noted patient stories in their own words giving huge credit to nurses on their duty and support.	Identified audio and video recordings of testimonials of patients available on hospital official website	These additional data validated several themes that have been identified through nurses' interviews.
Hospital Observation	Observation at emergency reception	Short-term communication of attendants of patients at emergency reception.	The idea of continuing observation at ICU reception emerged. Hospital administration granted permission for 6 h continuous observation at the cardiac ICU reception.	New data validated and strengthened patterns identified from emergency reception observation and nurses' interviews.

Source: The authors.

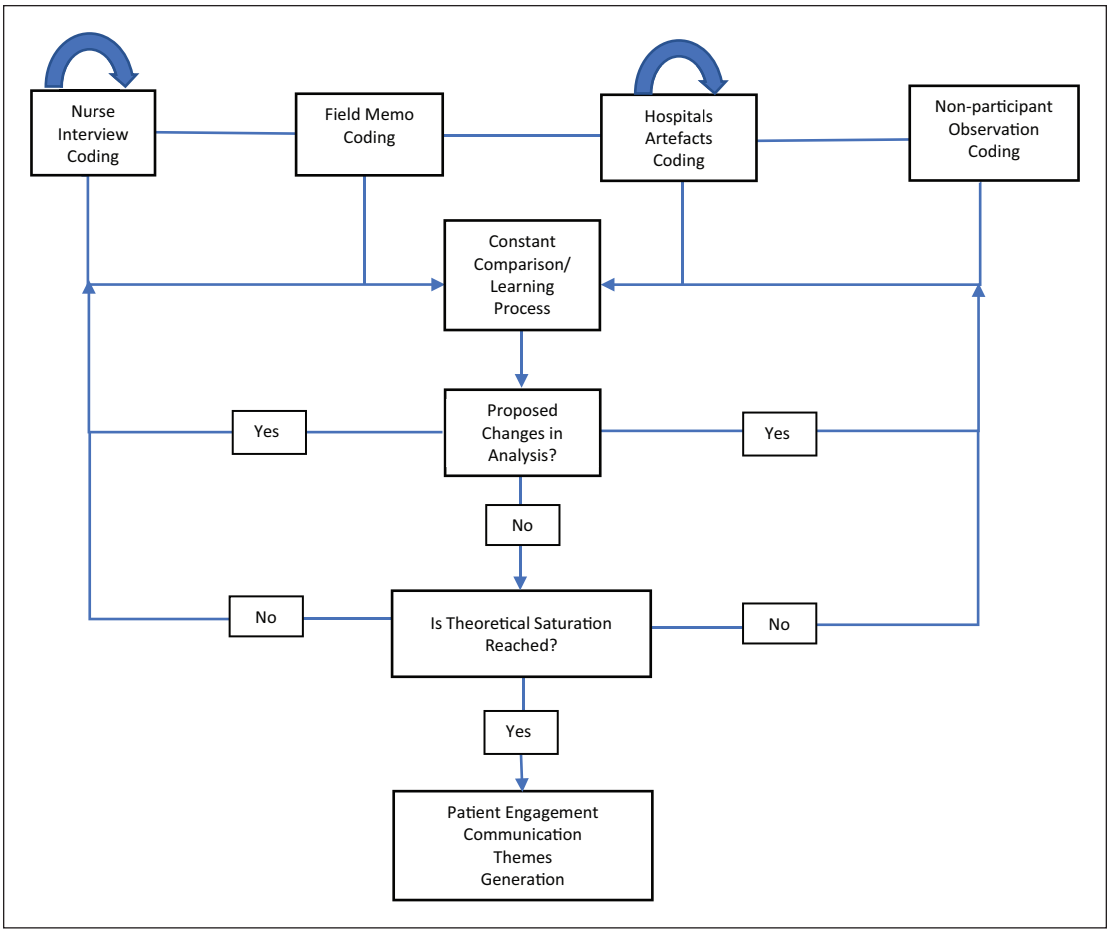

Figure 2. Coding Process Diagram

Source: The authors.

identified theme. Thus, a theoretical saturation was achieved for different themes at different stages of data analysis process. As a constant comparison process, all the themes were also validated across different sources of data such as field memo, different hospital artefacts and hospital observation at emergency and cardiac ICU receptions, respectively. Tick marks in columns 4, 5 and 6 confirm the presence of subthemes in field memos, hospital artefacts and hospital observations.

Discussion

Since the data set was large and constituted multiple data collection procedures, it was crucial to maintain an audit trail, which can help the researcher to trace the documents and transcripts that are included; can record the kind of data that are included or excluded in the study from any document and can help in

Table 2. Sample Coding Memo

Notes from Grounded Theory Analysis Column 1	Beliefs and Assumptions Column 2	The Emergence of New Theme Column 3	Identified Themes Column 4
Nurses mentioned strong communication with attendants and hinted their bridging role between themselves and patients.	The idea is well received from all the nurses interviewed, through secondary data and observations.	Attendant's contribution was the first emerging category.	Attendant's role
Nurses communicate with several types of patients. All the nurses mentioned patients in one or more categories such as unconscious, illiterate, difficult to deal with etc.	Different nurses portrayed different images of patients which is also validated through observation.	Since communication is different with different patients, this was an emerging theme.	Communicating with patients of different categories
Doctors are involved throughout the patient's lifecycle and closely interact with nurses and patients, are decision-makers and communicate in written, oral and non-verbal forms.	All the nurses underlined and accepted crucial involvement and communication with doctors.	Doctors support nurses in a much deeper way in terms of communication between nurses and patients.	Doctor's support to nurses
Nurses act in multiple ways and display conviction in consoling, counselling and motivating patients.	Different nurses quoted varied instances on how they acted to heal the patients which were well confirmed through observations as well.	The new idea was generated which focuses on the actions of nurses to help in healing the patients.	Nurse actions
Nurses behave in different ways to build trust, show care, respect and develop rapport with patients.	Behavioural characteristics were easily spotted in interviews of all the nurses and through observations	Nurses were strongly showing specific behaviours towards communicating with patients.	Nurse behaviour
On the flip side, nurses were facing some significant challenges and sometimes were seen to struggle to communicate with difficult patients.	All nurses reported at least few instances wherein they found it very difficult to communicate with patients	Nurses were facing challenges to communicate and this was clearly emerging as an important theme.	Nurse challenges
Patients were also acting with nurses in certain ways such as providing feedback, cooperating with them and involving actively in their treatment.	Few nurses pointed out the active role of patients in communication.	View of nurse–patient communication from the patient's perspective was captured.	Patient actions

Patients were showing varied emotions to the nurses such as hesitation, being scared, anxious and worried.	All nurses mentioned patient emotions, which are also validated from observations and patients' testimonial and audio–video transcripts.	Patient emotions played a very important role in nurse–patient communication.	Patient emotions
Nurses were doing something above and beyond their regular actions to communicate with patients to help them heal much faster.	All nurses hinted at this factor, which was ubiquitous in supporting the communication, validated from observations, patients' testimonials and transcripts of audio and video.	This factor was not captured so far but was playing one of the most important roles in healing patients.	Wider role of nurses

Source: The authors.

Table 3. Final Themes and Chain of Evidence

		Agreement from Different Sources of Data			
Theme	Sub-themes (Level 2 Codes)	Nurses' Agreement (No. of Nurses in Agreement, Out of Total 12)	Field Memo	Hospital Artefacts	Hospital Observation
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Attendant's role	Nurse communication with attendants	12	✓	✓	✓
	Attendant's availability is very crucial	8	✓	NP	✓
	Attendant's as mediators between patients and nurses	6	✓	✓	✓
	Attendant's openness to communicate	12	✓	NP	✓
Communicating with patients of different categories	Nurse communication with unconscious patients	8	✓	NP	✓
	Nurse communication with illiterate patients	10	✓	✓	✓
	Nurse communication with difficult patients	12	✓	NP	✓
	Nurse communication through interpreters	12	✓	✓	✓
	Nurse communication with patients of different age group	12	✓	NP	✓
Doctor's support to nurses	Written communication for diagnosis	7	✓	✓	NP
	Verbal communication for diagnosis	11	✓	✓	✓
	Doctor–patient communication	12	✓	✓	✓
	Doctor attendant counselling	11	✓	✓	✓
Nurse action	Consoling patients	9	✓	✓	✓
	Patient–nurse connection	8	✓	NP	✓
	Queries of patients and attendants	9	✓	NP	✓
	Nurse availability	8	✓	✓	✓
	Asking questions to patients	6	✓	NP	✓
	Taking help to communicate	9	✓	NP	NP
	Queries of patients and attendants	7	✓	NP	✓
	Patient counselling	9	✓	✓	✓
	Encouraging patients to ask questions	4	✓	NP	NP
	Understanding patients	5	✓	✓	NP
Nurse behaviour	Trust	12	✓	✓	NP
	Caring	12	✓	✓	✓
	Concerning	10	✓	NP	NP
	Respect	12	✓	✓	✓

(Table 3 Continued)

(Table 3 Continued)

Theme	Sub-themes (Level 2 Codes)	Agreement from Different Sources of Data: Nurses' Agreement (No. of Nurses in Agreement, Out of Total 12)	Field Memo	Hospital Artefacts	Hospital Observation
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
	Firm nature of nurses	5	✓	NP	NP
	Rapport	5	✓	NP	NP
	Patient-nurse connection	6	✓	NP	NP
	Patient emotional support	6	✓	NP	NP
	Listening to patient	9	✓	✓	✓
Nurse challenges	Un-communication	5	✓	NP	NP
	Interruptions	12	✓	NP	✓
	Communicating with difficult patients	10	✓	NP	✓
	Demanding patients	8	✓	NP	✓
Patient actions	Patient feedback	7	✓	✓	NP
	Patient's limited understanding	7	✓	NP	NP
	Patient cooperation	8	✓	✓	✓
	Patient involvement	8	✓	✓	✓
Patient emotions	Hesitant patients	6	✓	NP	✓
	Thoughts of patients	6	✓	NP	NP
	Attitude of patients	7	✓	NP	✓
	Cooperating patients	8	✓	NP	✓
	Patient psychology	7	✓	NP	NP
	Scared patients	8	✓	NP	✓
	Patient anxiety	9	✓	NP	✓
	Patient's worry	9	✓	✓	✓
	Patient's behaviour	10	✓	NP	✓
Wider role of nurses	Humanity factor in treating patients	4	✓	✓	NP
	Speaking everything	4	✓	✓	✓
	Patient's dependence on nurses	12	✓	✓	✓
	Showing humility and concern	11	✓	✓	✓
	Establishing a connection with the patient	9	✓	NP	✓
	Patient like a family	9	✓	NP	NP
	Nurses educate patients	10	✓	✓	✓
	Visual clues to spot problems	9	✓	NP	✓

Source: The authors.
Note: NP: Not present.

showing the relevance and fitment of these data in the overall study (Rodgers & Cowles, 1993). Table 4 displays sample data from actual audit trail formed. This helped to visualize the contribution of each document from the data set in the overall research and chain of activities that occurred during the time.

While coding the entire data set, few contradictions were spotted in the words of different nurses, through secondary data analysis and observation. Such divergent cases were an important part of the case study (Eisenhardt, 1989), since they provide greater insights into the data and help in spotting or resolving the pressing issues. Table 5 lists down the divergent cases along with the possible explanations from the data analysis itself. The divergent cases are mapped with nine different themes that were identified through the application of grounded theory.

Themes emerged from this research are in line with the existing literature. Table 6 represents the nine identified themes along with the existing literature support. Column 4 'Learning from Research outcomes' in Table 6 highlights key learnings that emerged from this research. Hospitals can apply the learnings to improve the nurse–patient communication to achieve better patient engagement.

Credibility of this case study has been established by adopting non-participant observation and secondary data analysis as well as recognized research methods, random sampling of nurses as key informants and triangulating across all the applied methods and within the responses of 12 nurses (Baxter & Jack, 2008). Prior to the interview, nurses have been briefed about research ethics and privacy terms. Interviews were conducted only after receiving approval from the managing director of the hospital. Divergent cases have been identified and analysed (refer to Table 5). The results of the study are validated by the head of nursing staff. Wherever applicable, direct quotes of nurses have been presented as a thick description of the patient engagement-communication phenomenon. Previous researches have been examined to frame the findings (refer to Table 6). Transferability has been achieved through rich comparisons that have been made to describe the patient–nurse communication. Constant comparisons have been applied from the beginning of the data collection phase, understanding the collected data through comparison and deciding further data collection. Grounded theory, three-level coding, was a constant comparison process, which created new thoughts, ideas and insights from the data. Final themes identified have been compared against all sources of the data set to bring in richness in the results. Dependability can be observed through a chain of pieces of evidence that has been presented (refer to Table 3) and different overlapping data collection methods adopted. Confirmability has been achieved by triangulating the data across multiple data sources (refer to Table 4), clearly stating researcher's beliefs and assumptions (refer to Table 2). The results of this study can be scrutinized with the help of audit trail (refer to Table 4).

Stepwise replication of the research can be achieved by looking at the entire research process, reviewing the case protocol and all the sequential tables that show the snapshots of different documents that were prepared, the approach of coding leading to emerging themes and validation of divergent cases. Looking back at the research question 'What are the themes for the communication aspect of patient engagement?', the research identified nine different emerging themes for communication aspect of patient engagement.

Conclusion

Nurses play a crucial role in patient engagement through communication. Communication that is clear, of sufficient duration, patient centric and cordial helps in engaging patients and treating them faster. Identified themes indicate that nurses need to adopt different approaches of communication with different categories of patients, adopt positive behaviour of communication, decode and act appropriately on

Table 4. Sample Data from Audit Trail Document

Sr. No	Date	Document Type	Document Name	Document Id	Decision Taken/ Choice Made (Documenwt All Decisions about Data Selection)	Transcription File Id (If Applicable)	Reasons for Data Selection and Omission	Document The Source of All Additional Information.	Data Reduction and Analysis	Process Notes
	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10
1	10 January 2018	Annual report	Annual report 2017	AR1	Only a few sections are relevant for the current study	NA	Financial data, hospital branches' details are not relevant; Focused only on CEO's message, patient sections and Patient testimonials; relevant Pictures/ photos of patients, nurses and training sessions are included.	Hospital website, Section: / corporate/ investor-relations/annual reports	Relevant data are taken directly as quotation for Grounded Theory analysis.	Data is coded along with all other data set resources.
2	15 January 2018	Patient testimonial video	Patient testimonial video	PTV1	The entire video is transcribed verbatim	PTV1_Trans. docx	Patient quotes were directly related to nurse communication.	Hospital website, Section: Watch our Videos	Relevant data are taken directly as quotation for grounded theory analysis.	Data are coded along with all other data set resources.

Source: The authors.

Table 5. Divergent Cases

Themes	Interview	Secondary Documentation	Observation	Possible Explanation of Divergence (from Analysed Data)
Column 1	Column 2	Column 3	Column 4	Column 5
Attendant's role	Eight nurses said: 'Attendants help to communicate with patients'. Four nurses said: 'Attendants don't help much'.	No traces found.	Some attendants help in communication while some may not.	Attendants who are literate and possess urban outlook support communication with patients, while attendants who are illiterate, belong to rural areas do not support the communication much.
Communicating with patients of different categories	Seven nurses said: 'We communicate with 4-year-old and 80-year-old in the same way'; Five nurses said: 'We communicate in different ways'.	No clear pieces of evidence found.	Variations were found in a way nurses communicate with different age group patients.	One of the nurses mentioned that 'what is required depends upon the situation, literacy, background of the patients and availability of attendants'.
Doctor's support to nurses, Patient actions	Five nurses said: 'Doctors involve patients in treatment decision-making'. Seven nurses said: 'Doctors take the treatment decisions solely'.	Doctors involve patients in treatment decision-making.	No clear evidence found.	Patients and attendants are involved up to a level. The decision to involve the patients may depend upon the patient's condition, and medical complicacy.
Nurse action, Wider role of nurses	Three nurses said: 'I encourage patients to ask queries'. Nine nurses said: 'This is not much required'.	No clear evidence found.	Most of the nurses under observation were not encouraging patients to ask questions.	Nurses mentioned that either patients are not in the right psychological condition to ask questions or attendants asks questions on behalf of patients.
Nurse behaviour	Seven nurses said: 'I answer all queries of the patients'. Five nurses said: 'It is not required to answer all queries of patients'.		In only some instances, nurses were resolving the queries of patients.	Nurses only answer those queries which they think are answerable considering the sensitive patient condition and circumstances.
Nurse challenges, Patient emotions	Four nurses said: 'We can't say no to the patients'. Eight nurses said: 'We can't fulfil every demand of patients, we have to be firm'.		In few instances, nurses rejected patient's demands while in others they fulfilled those.	Sometimes patients demand something that is against the protocol of ICUs, for example, they ask for mobile, smoking, etc. Such demands cannot be fulfilled.

Source: The authors.

Table 6. Themes Mapping with Literature and Learning

Themes	Sample Direct Quotes from Nurses Interview	Literature Support for Identified Themes	Learning from Research Outcomes
Column 1	Column 2	Column 3	Column 4
Attendant's role	'If an attendant is allowed in and the known person is with them, they will feel more secure and they will feel comfortable over there'.	Cowman, Farrelly, and Gilheany (2001)	Nurses should involve attendants more closely to help heal the patients faster.
Communicating with patients of different categories	'If they are not literate they will use mimicry and we have the booklet over there. There is a one sign language booklet'.	McCabe (2004), Finke et al. (2008)	Nurses should adopt different approaches to communicate with different categories of patients.
Doctor's support to nurses	'So, the more critical the situation, it will be counselled by the more experienced consultant to the attendants'.	Vazirani, Hays, Shapiro, and Cowan (2005), Tjia et al. (2009)	Nurses should improve their communication with doctors to avoid miscommunication and delays in patient's treatments.
Nurse action	'I think I understand my patients even though they can't communicate. I understand them by their facial expressions and the movements the hand movement so I communicate like that and it works'.	McCabe (2004), Finke et al. (2008)	Nurses should engage patients more closely by taking affirmative actions such as understanding, counselling and encouraging effective 2-way communication with patients.
Nurse behaviour	'First, I listen the patient what he is saying, and then discuss what matters. If he asks that I want to meet attendant, but in the ICU, it is not allowed every time, I counsel them. If they don't accept, then I will call my team lead and seek the permission to call the attendant, then the patient is also happy and we are also happy'.	McCabe (2004), Finke et al. (2008)	Nurses should develop positive behaviour such as trust, respect, care, concern, listening to patients properly etc. in communicating with patients.
Nurse challenges	'We cannot say no in front of the patient. We will listen and we will tell them that ok I will come back and I will let you know. We are not telling no to the patient that we will not give this thing to you. So, if I can do that, it means I will give and I will help, if I cannot, then I will take help of my senior or my supervisor or clinical care co-ordinator or somebody else'.	Happ et al. (2011), Crawford, Omery, and Seago (2012)	Nurses should focus on minimizing the effects of interruptions while communicating with patients and improve communication with difficult and demanding patients.

(Table 6 Continued)

(Table 6 Continued)

Themes	Sample Direct Quotes from Nurses Interview	Literature Support for Identified Themes	Learning from Research Outcomes
Column 1	Column 2	Column 3	Column 4
Patient actions	'The patients are totally involved in their care plan of the treatment because they are watching everything'.	McCabe (2004), Happ et al. (2011)	Nurses should encourage patients to provide feedback while communicating and to cooperate in the treatment process.
Patient emotions	'Yes, most of the patients are scared, so at the time of the admission only we are giving some kind of psychological support and we will also support the patient to deal with their anxiety'.	McCabe (2004), Happ et al. (2011)	Nurses should understand various patient emotions such as patient psychology, anxiety, worry more closely and improve their communication.
Wider role of nurses	'Yes, because the first treatment is from the nurse only. 24 hours, patients are with the nurses, so that's why we need to take care of the patient always and my role is a nurse role and I am also a social worker, and I also enjoy giving the patients care and sympathy and empathy. I am a social worker and I save the patients' lives'.	Finke et al. (2008), Nadzam (2009)	Nurses should improve the larger picture of being human in the treatment, establish a connection, educate and treat patients like a family.

Source: The authors.

patient's actions and emotions and display wider and broader roles such as a role of a teacher and guardian than just being the nurse. The role of attendants and doctors in helping nurses to achieve better communication is also important in patient engagement communication.

Implications

Identified themes contribute towards the literature on patient engagement when looked through nurse–patient communication perspective. On the managerial contribution front, senior hospital medical superintendents and chief experience officers (CXOs) can focus on the identified themes and design/align the overall patient engagement strategy and can create a better communication link between nurses and patients. Better patient engagement through better communication will also strengthen patient–hospital relationships and may improve overall hospital performance.

With the advancement of technology and easy accessibility of information, patient engagement is gradually becoming an integral part of healthcare and a lever of safe patient-centric services. Patients engaged through communication are better able to make informed decisions about their care options. Engaging patients may also develop mutual accountability and understanding between the patients and healthcare providers. Informed patients are more confident to share both positive and negative experiences and may easily agree to the proposed care management plans. This may improve health outcomes, advance learning and improvement of healthcare processes, while reducing adverse events.

Research Ethics

The entire research was conducted by adhering to best ethical practices. The proposal along with the sample semi-structured interview questionnaire was approved by chief quality officer for conducting the interviews of selected nurses in the hospital premises. The purpose of this research was clearly mentioned to each key informant and a written and informed consent was obtained from each key informant to conduct and record the interviews. Entire raw data were protected as confidential with availability to only the research team. No hospitals names, individual names and data have been recorded or quoted anywhere for the purpose of research.

Limitations

Every research design has its strengths and limitations. The merits are embedded in the rationale for selecting a design as most appropriate for addressing the research problem. Since a case study focuses on a single unit, at a single instance, the generalizability of findings is an issue. However, much deeper understanding can be obtained in a case study. The colourful narratives of the researcher create an image that can help the reader learn vicariously about a situation. Further, Erickson (1985) argues that the learning from a particular case can be transfered to the similar situations. The onus is on the reader to decide what is applicable to a specific context. Stake (2005) explained that transfer of knowledge takes place when case researchers pass on to readers some of their personal meanings of events and relationships and fail to pass on some other understandings. The reader also adds, subtracts, invents and shapes that is, reconstructs the knowledge modules to make it more personally useful.

Further limitation of case study method involves issues of reliability and validity. This method is criticized for its lack of representativeness and rigour in collection, construction and analysis of empirical data. The sensitivity and integrity of the researcher is yet another limitation. The main advantage of case research is that the researcher is the primary instrument of data collection and analysis. But training for an aspiring case researcher in observation, interviewing, transcribing and collecting information from secondary sources is not easily available. Nor the guidelines to prepare the final report are clear.

The final concern about case method is the issue of ethics. An unethical case writer can select data in a manner that anything he desires could be illustrated. Both the readers and the writers of case study should be aware of the biases that can affect the final product. This study presents only the nurses' perspective. Inclusion of the perspectives of patients, doctors and other medical personnel and the hospital management on this topic may have strengthened the emerged themes or un-covered new themes altogether.

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