



Attitudes of healthcare professionals providing pulmonary rehabilitation toward partnership in care



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ABSTRACT

Objectives: This multicenter study sought to explore attitudes of pulmonary rehabilitation (PR) professionals toward self-management and which patients' competencies are considered important.

Background: Self-management in patients with chronic obstructive pulmonary disease (COPD) requires a patients' active role. Whether patient-clinician partnership in care is supported by PR professionals remains unknown.

Methods: Attitudes of 75 PR professionals were assessed using an online version of the Clinician Support – Patient Activation Measure (CS-PAM) 13™.

Results: Mean CS-PAM 13™ activation score was 66.5 (11.9) points – professionals support patient's participation in the care process. However, competencies related to patient as member of a care team and patient as an independent information seeker were only extremely important for 30.7–38.7% and 9.3–17.3% of the professionals, respectively.

Conclusion: PR professionals embrace the idea of a patients' active role in the process of COPD self-management. Nonetheless, endorsement of the patient's involvement as an independent information seeker is needed.

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Introduction

Chronic obstructive pulmonary disease (COPD) is a significant health problem worldwide, characterized by chronic airflow limitation, an abnormal inflammatory response of the lungs and progressive respiratory symptoms.^{1,2} Practice guidelines advocate partnership in care between patients with COPD and their healthcare professionals.^{3–5} Collaborative self-management of COPD relies on acquiring knowledge and skills needed to carry out specific medical regimens and guiding patients' health behavior change by enhancing efficacy beliefs and confidence in outcomes.⁶ This productive interaction requires an “informed and activated patient” and a “prepared practice team” which will support and promote self-management to their patients within the clinical consultations.⁷

Data from the United Kingdom suggest that only 43% of the patients with chronic conditions, such as asthma, diabetes or arthritis, are involved in decision-making related to their treatment and 45% of the patients are involved in making a plan to manage their condition at home.⁸ This has drawn attention to the potential impact of healthcare professionals' role on patient's self-management behaviors and health perceptions.⁹ Moreover, healthcare professionals' attitudes might reasonably be considered to be among the important predictors of patient's enablement.¹⁰

Pulmonary rehabilitation (PR) including, but not limited to, physical exercise training and education has been shown to improve exercise capacity and quality of life and to reduce symptoms in patients with COPD.^{3,11} Additionally, PR should incorporate self-management support guiding structural behavior change and the shift from management by healthcare professionals to collaborative management.^{3,12} Exploring the beliefs of healthcare professionals in PR with respect to the importance of supporting the patient as an active partner is necessary for improvement of the effectiveness of self-management programs incorporated in PR.¹² Whether and to what extent partnership in care is supported by healthcare professionals providing PR is currently unknown.

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The present multicenter study explores attitudes of healthcare professionals providing PR towards patient self-management and specifically assesses their attitudes about the importance of patients' competencies necessary for this process. *A priori*, we hypothesized that healthcare professionals providing PR will endorse partnership in care and patients' active role in the process of self-management in PR.

Methods

Study population

Participants were healthcare professionals working in PR, recruited at the Centre of expertise for chronic organ failure (CIRO+) and 6 hospitals of the CIRO+ network in the Netherlands.¹³ In total, 107 healthcare professionals were invited by email to complete an online survey. Respondents were given instructions to answer the questionnaire with a focus only on the COPD patients following PR. Data collection took place in December 2012 and January 2013. Three reminders were sent to increase the response rate.

Instrument

The online survey consisted of questions concerning demographics, healthcare profession, years in practice with COPD patients and work setting. Healthcare professionals were asked to complete the Clinician Support – Patient Activation Measure (CS-PAM) 13™ consisting of 13 items.¹⁴ The CS-PAM 13™ is a shorter version of the 14 item CS-PAM, which has been shown to be a reliable and valid instrument for assessing clinician attitudes about the patient role in the care process.^{15,16} It measures two aspects: level of endorsement of patient self-management (the CS-PAM activation score) and beliefs about the importance of four patient competency categories (1. *patient should follow medical advice*; 2. *patient can make independent judgments and actions*; 3. *patient as member of care team*; and 4. *patient is an independent information seeker*).^{15,16} Healthcare professionals providing PR were asked to rate how important it is for them that their patients with COPD participating in PR have certain self-management competencies and behaviors. Five response options for each item were offered: 'not important' (1 point), 'somewhat important' (2 points), 'important' (3 points), 'extremely important' (4 points) and 'not applicable'.¹⁴ Raw scores were calculated by adding up all responses to the 13 questions.¹⁴ Items which were answered with a "not applicable" or a question left blank were scored as "missing". In this case, as a correction of the individual scores, the raw score was calculated by dividing the total score by the number of completed items and this score was multiplied by 13.¹⁴ The raw score was converted into the CS-PAM activation score (0–100 scale).¹⁴ A CS-PAM 13™ activation score of 37.81 points or lower means that clinicians believe that a patient should follow medical advice (a 'low' CS-PAM 13™ activation score).¹⁴ A CS-PAM 13™ activation score of 39.23–58.44 points implies that healthcare professionals believe that a patient can make independent judgments and actions (a 'moderate' CS-PAM 13™ activation score).¹⁴ Finally, a CS-PAM 13™ activation score of 60.13 points or above, means that healthcare professionals believe that a patient is able to function as a member of the care team (a 'high' CS-PAM 13™ activation score).¹⁴ Hence, a higher score on this measure indicates an increased tendency towards supporting the patient's role.¹⁵ License for use of the CS-PAM 13™ was granted by the developer, Insignia Health, University of Oregon, United States. The questionnaire was translated into Dutch using a forward-backward translation procedure.

Statistics

Characteristics of healthcare professionals are presented as number and proportion. The CS-PAM 13™ activation scores of the healthcare professionals are shown as mean (standard deviation, SD). Number and proportion of healthcare professionals in each activation level segment are shown. The relationship between CS-PAM 13™ activation scores and sex, age (≤ 50 years versus ≥ 51 years)¹⁵, professional background (physicians and nurses versus allied healthcare professionals), years of work experience with COPD patients (≤ 20 years versus ≥ 21 years)¹⁵ and workplace setting (center for inpatient and outpatient PR versus only hospital-based outpatient PR) were assessed using independent-samples *t*-tests. A linear regression model using forced entry method was developed to explore the relationship with sex and age after correction for possible confounders. The mean CS-PAM 13™ activation score was entered as dependent variable, while age (≤ 50 years versus ≥ 51 years), sex and profession (physicians and nurses versus allied healthcare professionals) were entered as independent variables. Finally, for each item the proportion of healthcare professionals reporting the item as 'not important', 'somewhat important', 'important', 'extremely important', and 'not applicable' are shown. Analyses were carried out with IBM SPSS version 20.0 (SPSS Inc., Chicago, IL). A *p*-value of ≤ 0.05 was considered as statistically significant.

Results

Characteristics of healthcare professionals

The CS-PAM 13™ was completed by 75 healthcare professionals providing PR. Cumulative response rates were 37.4%, 64.5% and 70.1% in the first, second and third round, respectively. Most of the participants were nurses. Other respondents were physicians, physiotherapists, occupational therapists, dieticians, psychologists, sport trainers, nutrition consultants, managers, a dietician trainee and an art therapist (Table 1).

Table 1
Description of the study sample ($n = 75$).

	<i>n</i> (%)
Profession category	
Physicians/chest physicians	5 (6.7)
Nurses	29 (38.7)
Physiotherapists	16 (21.3)
Psychologists	3 (4.0)
Occupational therapists	4 (5.3)
Sport trainers	7 (9.3)
Dieticians	2 (2.7)
Other ^a	9 (12.0)
Age (years)	
<30 years or less	19 (25.3)
31–40	20 (26.7)
41–50	23 (30.7)
51+	13 (17.3)
Female	59 (78.7)
Work experience with COPD patients (years)	
0–5	22 (29.3)
6–10	16 (21.3)
11–15	14 (18.7)
16–20	10 (13.3)
20+	13 (17.3)
Workplace setting	
Centre for inpatient pulmonary rehabilitation	51 (68.0)
Hospital-based outpatient center	24 (32.0)

^a Nutrition consultants, managers, dietician trainee and art therapist.

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