



## Four perspectives on self-management support by nurses for people with chronic conditions: A Q-methodological study



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### ABSTRACT

**Background:** Self-management support is a major task of nurses in chronic care. Several conceptualizations on what self-management support encompasses are described in the literature. However, nurses' attitudes and perceptions related to self-management support are not known.

**Objective:** To reveal distinctive perspectives of nurses toward self-management support in chronic care.

**Design and methods:** A Q-methodological study was conducted in which nurses rank-ordered 37 statements on self-management support. Thereafter they motivated their ranking in semi-structured interviews.

**Participants and setting:** A purposive sample of 49 Dutch nurses with a variety of educational levels, age, and from different healthcare settings was invited by e-mail to participate in the study. Thirty-nine nurses (aged 21–54 years) eventually participated. The nurses worked in the following settings: hospital ( $n = 11$ , 28%), home-care ( $n = 14$ , 36%), mental health care ( $n = 7$ , 17%), elderly care ( $n = 6$ , 15%) and general practice ( $n = 1$ , 3%).

**Results:** Four distinct perspectives on the goals for self-management support were identified: the Coach, the Clinician, the Gatekeeper and the Educator perspective. The Coach nurse focuses on the patient's daily life activities, whereas the nurses of the Clinician type aim to achieve adherence to treatment. The goal of self-management support from the Gatekeeper perspective is to reduce health care costs. Finally, the Educator nurse focuses on instructing patients in managing the illness.

**Conclusions:** The changing role of chronic patients with regard to self-management asks for a new understanding of nurses' supportive tasks. Nurses appear to have dissimilar perceptions of what self-management support entails. These distinct perceptions reflect different patient realities and demand that nurses are capable of reflexivity and sensitivity to patient needs. Different perspectives toward self-management support also call for diverse competencies and consequently, also for adaptation of educational nursing programs.

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### What is already known about the topic?

- Self-management support requires a major effort from nurses as they play a key role in care for people with chronic conditions.
- Studies on health care professionals' attitudes or beliefs toward self-management revealed that health care professionals are not comfortable with patients making independent choices based on their patient expertise.

### What this paper adds

- This paper reveals four perspectives toward self-management support of patients with chronic conditions: the Coach perspective, the Clinician perspective, the Gatekeeper perspective, and the Educator perspective.
- The perspectives differ with regard to the understanding of the patients' and the nurses' role, the characterization of the nurse–patient relationship, and the goal of self-management support.

## 1. Background

The academic debate on the concept of self-management support in health care has paid scant attention to nurses' perceptions toward self-management support (Jonsdottir, 2013; Udulis, 2011; Wilkinson and Whitehead, 2009), although these perceptions may influence the type of support they will provide (Anderson and Funnell, 2005). It is essential therefore that these perceptions are taken into account, whilst appreciating that perceptions may differ, dependent on the goal pursued. Improving chronic patients' self-management skills is aimed at reducing health care expenditure, improving quality of life of the patient, or helping health care professionals in controlling therapy compliance (Kendall et al., 2011; Redman, 2007). The literature presents a variety of definitions of self-management (Barlow et al., 2002; Jonsdottir, 2013). As it presents a holistic and patient-centered view on self-management, we have adopted the definition by Barlow et al. (2002, p. 178): *"Self-management refers to the individual's ability to manage symptoms, treatment, physical and psychosocial consequences and life style changes inherent in living with a chronic condition and to affect the cognitive, behavioral and emotional responses necessary to maintain a satisfactory quality of life. Thus, a dynamic and continuous process of self-regulation is established"*. Assessing nurses' understanding of their role and tasks in self-management support requires a broad exploration of the concept of self-management. Schulman-Green et al. (2012) identified three categories of self-management processes from the perspective of the chronically ill: Focusing on illness needs, activating resources, and living with a chronic illness. 'Focusing on illness needs' refers to all kind of tasks related with medical topics such as learning about the illness, taking medicines and management of symptoms. 'Activating resources' refers to different resources such as healthcare and social support. 'Living with a chronic illness' encompasses processes related to daily life, such as activities of daily living, housekeeping or occupational work. Coping with the emotions of adjusting one's life to a chronic illness

also falls under this category. Much earlier, Corbin and Strauss (1985) had made a similar distinction, in terms of 'illness work', 'everyday life work', and 'biographical work', brought together under the overarching concept of 'articulation work', enabling choice between the different types of work and accounting for the distribution of work across actors. 'Illness work', then, is comparable with the 'illness needs' as described by Schulman-Green et al. (2012) while 'everyday life work' and 'biographical work' match 'living with a chronic illness'. Distinguishing between patient tasks is important to identify areas in which people with a chronic disease might need support, and thereby defines the nursing role in self-management support. This approach expands the role of health care professionals in self-management (Coleman and Newton, 2005; Lorig and Holman, 2003). Informing a patient about the illness and thereby solely addressing patients' 'illness needs' is no longer sufficient; patients' coping skills and ability to activate resources must also be addressed (Coleman and Newton, 2005; Elissen et al., 2013).

Nurses are assigned a major role in self-management support because they are expected to understand how living with a chronic disease would impact the daily life of patients (Alleyne et al., 2011). This expectation has implications for nurses working in chronic care. Not only do they need to acquire new competencies (WHO, 2005), they also must accommodate a shift from 'feeling responsible for' toward 'feeling responsible to', implying a shift in the relationship between the nurse and the patient toward shared decision making (Jonsdottir, 2013; Wilkinson and Whitehead, 2009).

Several studies have investigated health care professionals' attitudes or beliefs toward specific aspects of self-management. Aasen et al. (2012) identified three kinds of nurses' perceptions of participation in end-of-life decisions of relatives of patients: paternalism, participation, and independent decision-making. Thorne et al. (2000) and Wilson et al. (2006) addressed nurses' attitudes toward patient expertise. Both groups concluded that health professionals were not comfortable in dealing with expert patients or relatives. Another study found that physicians generally preferred patients to follow their medical advice and had reservations about patients making their own independent choices (Hibbard et al., 2010). Other studies showed that health care professionals acknowledged they needed additional skills for self-management support (Jones et al., 2013; Mikkonen and Hynynen, 2012). Still, perceptions of nurses working in diverse health care settings on the concept of self-management support as a whole have not yet been systematically studied. In this paper we report the findings of a Q-methodological study which aimed to reveal different nurse perspectives on self-management support.

## 2. Methods

### 2.1. Q-methodology

Q-methodology was developed by Stephenson in the 1930s to study values and beliefs of people (Stephenson, 1935). Q-methodology has proved to be an adequate method to reveal nurses' perspectives on issues relevant to

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