



Patients with chronic obstructive pulmonary disease in safe hands: An education programme for nurses in primary care in Norway



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ABSTRACT

Chronic obstructive pulmonary disease (COPD) is a major health problem worldwide and is likely to increase during the next decades. Previous research indicates that nurses do not have sufficient knowledge to give optimal care for patients with COPD. The aim of this study was to explore experiences that primary care nurses had with an education programme aimed at improving the care of patients with COPD. We used qualitative focus group interviews with 11 nurses who had completed such an education programme. Qualitative thematic content analysis was used. One main theme was identified in the analysis: safety linked with security. This in turn comprised three themes: the experience of security in one's own knowledge, the experience of security in guidance and the experience of security in practical skills. Our findings indicate that knowledge and skill enhancement contributed to professional development and strengthened the nurses' confidence in their own knowledge and skills as caregivers for patients with COPD. In addition, their enhanced knowledge improved their confidence in performing nursing tasks and made the patients feel secure. Implementing such COPD education programmes for nurses in primary care is of importance in securing safer patient care.

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Introduction

Chronic obstructive pulmonary disease (COPD) is a major health problem worldwide that looks set to increase during future decades (GOLD, 2014). As the disease progresses, exacerbations occur more frequently, leading to additional and longer periods of hospitalization and mortality, especially for patients aged 75 years or more (Burge, 2005). This demands large resources from health care services (Anzueto, 2010). To relieve these burdens in connection with chronic illness, health policymakers are currently planning for primary care services to take over the treatment, care and education of patients with chronic illnesses, including those with COPD (Bodenheimer et al., 2002; Grumbach and Bodenheimer, 2002; Lawlor et al., 2009; WHO, 2013).

Although COPD is the fourth most prevalent disease and demands a large proportion of countries' health care budgets (GOLD, 2014), a lack of knowledge about COPD has been noted among those who care for such patients. For example, a recent study of hospital and primary care services found that only 11% of the

nurses surveyed were able to demonstrate inhalation techniques correctly for patients with COPD (Baverstock et al., 2010). In another study on primary care nurses (Goodridge et al., 2008), it was found that the nurses worry and feel helpless when taking care of patients with very severe COPD because of their lack of relevant knowledge and skills. This means that the sickest patients with COPD do not get the most satisfactory care and treatment at home (Goodridge et al., 2008). Similarly, Given et al. (2008) found that nurses in primary care did not have sufficient knowledge and skills to provide proper care to patients with COPD. Moreover, they found that care could be improved only by learning more about the symptoms, complications and outcome of treatments for such patients. A recent study investigating knowledge about COPD among nurses in hospital and primary care in Norway (Alsaker and Kvinge, 2011) showed that the nurses needed more knowledge and skills to give optimal care for patients with COPD. Furthermore, the study showed that there was a need for more knowledge on nutrition and how to prevent exacerbation of COPD, and how to help patients to cope with it. Moreover, nurses needed more knowledge and skills about medication and inhalation techniques, and the side effects of COPD medications (Alsaker and Kvinge, 2011). When providing

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instructions and guidance in the application and use of technical procedures, those nurses who worked in a hospital unit demonstrated higher levels of knowledge and skills than those who worked in primary care. In addition, results showed that upgrading of skills had a positive effect on the degree of confidence that nurses felt in their encounters with patients with COPD. In addition, most of the nurses had not had any kind of skills upgrading after they had completed their nursing education, and more than 50% of them had not had any competence enhancement during the last 10 years (Alsaker and Kvinge, 2011). During the last decade, there has been a focus on enhancing the quality of health care services, emphasizing enhancement of the knowledge and skills of health care personnel to secure optimal care for patients with chronic illnesses (Damron-Rodriguez, 2008; WHO, 2013). However, few studies have evaluated the importance of such education programmes in enhancing care for COPD patients in primary care. For example Ketelaars et al. (1998) found that COPD patients cared for by respiratory nurses were more satisfied with the knowledge, information and advice they received compared with COPD patients who not were cared for by respiratory nurses. Later, Robinson et al. (2008) found in a study including nurses who worked in primary care that a holistic approach was necessary to encourage COPD patients to be more independent and proactive about their health, and to enjoy their quality of life. In a recent study, Griffiths et al. (2011) found that nurses who participated in education and clinical training delivered improved clinical care to COPD patients in a primary care setting. According to these studies, education, training and personal development of nurses are of importance in improving the quality of care for COPD patients.

Based on these studies, an education programme in COPD care was designed and implemented for nurses in primary care with a minimum 3-year bachelor's degree. Hence, the aim of the present study was to explore the experiences that primary care nurses had with an education programme designed to improve the care of patients with COPD.

The education programme

The education programme was a 14-credit advanced course in line with the European Credit Transfer System. It ran over 5 days for 6 h daily. Four days comprised theoretical teaching and exercises, and 1 day involved simulations. The learning goals were to enable the nurses to prevent and discover instances of COPD exacerbation, to be able to handle the symptoms of COPD, and to improve the quality of life for the patient. The participants were primary care nurses with at least a 3-year nursing education at a bachelor's degree level. Table 1 shows the learning goals, the content of the education programme, the teaching methods and the competence of the teachers who taught it.

Methods

An explorative qualitative design, which included focus group interviews, was used to explore the nurses' experiences with the education programme described above. Focus group interviews are a suitable technique for assessing attitudes, knowledge and experiences in the health services arena. Focus group interviews were also chosen because they allow the researcher to explore the interactions among group members and can be used to observe the collaborative process of constructing meaning. The discussion provides various points of view because the participants present their own perspectives and respond to what other participants say (Liamputtong, 2011).

Participants and data collection

The focus group interviews were conducted during the spring of 2013, 6 months after the end of the education programme. A written invitation to participate was sent to the 40 primary care nurses who participated in the education programme. Of these, 11 agreed to participate. Nine of the participants were nurses, and two were nurses who specialized in elderly care. All participants were Norwegian females. The mean age was 38 years, and the age range was 33–47 years. The length of their experience working as nurses ranged from 10 to 23 years. The candidates who declined to participate cited various reasons: a busy work schedule, illness in the family, or a long travel distance to the interview site.

Two independent focus group interviews were performed. Seven nurses from home care and nursing homes participated in the first focus group interview; four nurses from home care participated in the second focus group.

The interviews lasted from 1.5 to 2 h and were led by the project manager, with the last author as the assistant moderator. The participants were encouraged to talk about their experiences with the COPD education programme. The participants were asked to discuss the following open-ended question: "Can you describe the consequences the education programme had for the care for patients with COPD?"

Statements from the participants about their experiences led to new open-ended questions such as: "Can you go into more detail about that?" and "Can you give an example?" Both focus group interviews were conducted in a quiet, undisturbed atmosphere in a room at the university college. The interviews were audiotaped and later transcribed verbatim.

Analysis

The study used a qualitative thematic content analysis (Polit and Beck, 2012). The identification of central themes was not a linear process. The researchers returned to the data to ensure that the themes were consistent and changed them when necessary. The authors read the transcripts, and reflected, coded and sorted the material into themes. They then discussed the themes until a consensus was reached. The authors continued by agreeing on the quotations that were best suited to illustrate the data and the rationale for the sequence of presentations.

Both researchers are nurses and have a long experience of conducting research in practice. They reflected on the meaning of the statements in the light of their own experiences as nurses and researchers. This perspective might have influenced the description and understanding of the themes.

Trustworthiness

Credibility is an especially important aspect of trustworthiness, which refers to the confidence in the truth of data and its interpretation (Polit and Beck, 2012). In our study, the credibility of the research was confirmed through the process of ongoing discussion of the findings and analysis by the authors until they reached a consensus. Moreover, on completion of the focus groups, participants were given a summary of the subjects that emerged and were invited to confirm these and to add further information.

Ethical considerations

Permission to gather and register data was granted by the Norwegian Social Science Data Services (permit no. 33774). All participants gave their consent to participate. The participants were informed about the duty of confidentiality, depersonalization of

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