



Self Management

Self-management support: A qualitative study of ethical dilemmas experienced by nurses

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ARTICLE INFO

Article history:

Received 17 January 2015

Received in revised form 11 May 2015

Accepted 23 May 2015

Keywords:

Self-management

Chronic disease

Ethics

Nurses

ABSTRACT

Objective: Policymakers increasingly focus their attention on stimulating patients' self-management. Critical reflection on this trend is often limited. A focus on self-management does not only change nurses' activities, but also the values underlying the nurse–patient relationship. The latter can result in ethical dilemmas.

Methods: In order to identify possible dilemmas a qualitative study consisting of semi-structured interviews was conducted. Six experts on self-management and medical ethics and 15 nurses participated.

Results: Nurses providing self-management support were at risk of facing three types of ethical dilemmas: respecting patient autonomy versus reaching optimal health outcomes, respecting patient autonomy versus stimulating patient involvement, and a holistic approach to self-management support versus safeguarding professional boundaries.

Conclusion: The ethical dilemmas experienced by nurses rest on different views about what constitutes good care provision and good self-management. Interviewed nurses had a tendency to steer patients in a certain direction. They put great effort into convincing patients to follow their suggestions, be it making the 'right choice' according to medical norms or becoming actively involved patients.

Practice implications: Because self-management support may result in clashing values, the development and implementation of self-management support requires deliberation about the values underlying the relationship between professionals and patients.

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1. Introduction

Self-management has become an important paradigm in healthcare. Policy-makers have high expectations of what it can achieve. It is believed to improve quality of life while respecting patient autonomy. In addition, self-management is expected to cut public spending [1]. Because of the singular emphasis on these positive effects self-management can be considered a 'hurrah word' [2]; it is difficult to argue against. The problem with concepts like these is that they are not often subject to critical reflection. In this paper, we argue that such reflection is important, since self-management implies important changes in the values underlying the professional–patient relationship.

Although the term self-management is commonly used in both academic and political debates, it does not denote a clear-cut concept [3,4]. The common denominator among existing definitions is that it implies involvement of patients in their own care process. However, the extent of this involvement differs between definitions. Healthcare professionals tend to define adequate self-management as compliance with the medical regimen [5–8]. There are more holistic definitions, too, which include health promotion activities, interaction with healthcare providers, compliance to recommendations, monitoring of physical and emotional status, making autonomous decisions and the management of self-esteem, role function and relationships [3,9,10].

The introduction of self-management brings about a change in healthcare professionals' tasks, as they are expected to support patient self-management. The values underlying the professional–patient relationship are also subject to change. For instance, self-management strongly focuses on patient autonomy and active patient involvement, implying a less dominant role for healthcare professionals [10]. These changing values can result in ethical dilemmas. Ethical dilemmas are a specific type of moral conflict in

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which two or more ethical principles apply but support mutually inconsistent courses of action [11]. In case of self-management support, the focus on patient autonomy and individual patient responsibility may clash with other values such as promoting health and medical outcomes, which could confront professionals with a dilemma on what action to take [12].

Literature on self-management mentions certain ethical tensions arising from a focus on self-management. Firstly, self-management might become a duty in which freedom is imposed on individuals [1,13–16]. Secondly, tensions can occur when professionals have trouble with relinquishing professional control and accepting choices that may enhance quality of life at the expense of medical outcomes [5,17–19]. Thirdly, self-management may be wrongly understood as patients having to manage their illness on their own, which can lead to patient abandonment [20–22]. Thus, literature already provides some insight into the potential dilemmas associated with self-management support (SMS). However, ethical dilemmas are mostly mentioned in passing, and are rarely backed up by empirical data. Since SMS has become such an important aspect of healthcare, it is essential to gain insight into these dilemmas encountered in daily practice. Ignoring these dilemmas might adversely influence the partnership needed between patients and professionals, and consequently, the effectiveness of self-management interventions. In this paper, we aim to gain insight into the ethical dilemmas encountered by nurses when providing SMS to patients with chronic conditions and into the ways they deal with these. The focus on nurses is a logical choice, as SMS is most often attributed to this group of professionals [18].

2. Methods

2.1. Sampling

In order to explore the understudied subject of ethical dilemmas in SMS, a qualitative study was conducted in the Netherlands [23]. In the Netherlands, self-management figures prominently on the agenda of healthcare providers, patient organizations and policy makers alike. Recently, self-management has also become a core element of the new Dutch general nursing competency framework [24].

In view of the lack of knowledge on the subject, the first step of the study was to identify potential dilemmas by means of a literature scan and expert interviews ($n=6$). Experts were purposively sampled based on their expertise on SMS and medical ethics [25]. Subsequently, nurses providing SMS ($n=15$) were interviewed. Nurses were purposively sampled based on the following criteria: (1) variation across chronic conditions; (2) variation across healthcare settings (outpatient hospital care, home care); and (3) working with adults and with children. A description of respondents can be found in Table 1. Maximum variation was chosen because the explorative nature of our study required a broad approach to the subject. All nurses working in chronic care who focus on SMS are expected to change their role and therefore are likely to come across ethical dilemmas. At the same time however, the dilemmas encountered are likely to vary between different conditions and settings, and it is imperative, therefore, to take the diversity in chronic care into account.

2.2. Interviews and study procedure

The expert interviews were open interviews in which we asked the respondent to reflect on the concept of self-management and the potential dilemmas they expected nurses to encounter. The interviews with nurses were semi-structured and guided by

Table 1
Overview respondents' characteristics.

Nurse	Setting	Sex	Chronic condition	Adults/children
N1	Hospital	F	Kidney diseases	Adults
N2	Hospital	F	Diabetes	Adults
N3	Hospital	F	Radiotherapy	Adults
N4	Hospital	F	Cystic Fibrosis	Children
N5	Hospital	F	Gastroenterological diseases	Children
N6	Hospital	F	Endocrinal diseases	Adults
N7	Hospital	F	Cancer	Adults
N8	Hospital	F	Rheumatology	Adults
N9	Hospital	M	HIV/AIDS	Adults
N10	Hospital	F	Hematology	Adults
N11	Hospital	F	Sickle-cell anemia	Children
N12	Homecare	F	Various conditions	Adults
N13	Homecare	F	Various conditions	Adults
N14	Homecare	F	Various conditions	Adults
N15	Community service	F	Tuberculosis	Adults

Expert	Role	Sex	Expertise
E1	Researcher and teacher	F	Nursing, ethics and self-management
E2	Researcher	F	Patient participation, healthcare policy
E3	Researcher and teacher	F	Ethics and self-management
E4	Ethics advisor of national nursing organization	F	Nursing, ethics
E5	Advisor patient organization	F	Patient participation
E6	Researcher	F	Health and self-management

a self-developed interview guide based on the outcomes of the literature scan of ethical dilemmas of SMS, the expert interviews, and interviews with nurses conducted in another study on SMS [26]. Both authors (in most cases jointly) conducted the interviews at the workplace of the nurses. The interviews lasted 60 min on average. The interviews started by asking the nurse to talk freely about their ideas on and experiences with SMS, and on any difficult situations they had encountered. We did so because we wanted to avoid steering the nurse directly to the dilemmas deduced from the expert interviews and the literature. Next, we asked them to reflect on the dilemmas deduced from the literature and previous interviews. The interview guide is provided in Box 1. The interviews were audio-recorded and transcribed verbatim.

Box 1. Interview guide.

- Respondent's background
- Definition of self-management in own work setting
- Most important principles of self-management
- Self-management support activities in own work setting
- Good examples of self-management support
- Examples of difficult situations in self-management support and how to deal with these situations
- Exploring dilemmas identified from expert interviews and literature
 - o Patient autonomy vs do not harm principle
 - o Responsibility patient vs responsibility professional
 - o Privacy patient vs holistic view on self-management
 - o Patient interest vs solidarity (family and society level)
- Differences between nurses in dealing with dilemmas
- Differences between patients groups and healthcare setting with respect to dilemmas
- Self-management interventions that counteract respondent's ideas about good care

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