



## Clinical education

# Nurse mentor perceptions in the delivery of a home-based cardiac rehabilitation program to support patients living in rural areas: An interpretive study



Terence J. Frohmader, RN, MCCN (Hons)<sup>a, \*</sup>, Frances Lin, RN, PhD<sup>b</sup>,  
Wendy P. Chaboyer, RN, PhD<sup>c</sup>

<sup>a</sup> Launceston General Hospital, Tasmania, Australia

<sup>b</sup> School of Nursing and Midwifery, Centre for Health Practice Innovation (HPI), Menzies Health Institute Queensland, Griffith University, Queensland, Australia

<sup>c</sup> NHMRC Centre of Research Excellence in Nursing, Centre for Health Practice Innovation, Menzies Health Institute Queensland, Griffith University, Queensland, Australia

## ARTICLE INFO

## Article history:

Received 21 April 2016

Received in revised form

3 February 2017

Accepted 3 April 2017

## Keywords:

Home-based cardiac rehabilitation

Home based cardiac rehabilitation

Cardiac rehabilitation

Nurse

Nurse mentor

Mentoring

Patients

## ABSTRACT

Home-based cardiac rehabilitation (CR) programs improve health outcomes for people diagnosed with heart disease. Mentoring of patients by nurses trained in CR has been proposed as an innovative model of cardiac care. Little is known however, about the experience of mentors facilitating such programs and adapting to this new role. The aim of this qualitative study was to explore nurse mentor perceptions of their role in the delivery of a home-based CR program for rural patients unable to attend a hospital or outpatient CR program. Seven nurses mentored patients by telephone providing patients with education, psychosocial support and lifestyle advice during their recovery. An open-ended survey was administered to mentors by email and findings revealed mentors perceived their role to be integral to the success of the program. Nurses were satisfied with the development of their new role as patient mentors. They believed their collaborative skills, knowledge and experience in coronary care, timely support and guidance of patients during their recovery and use of innovative audiovisual resources improved the health outcomes of patients not able to attend traditional programs. Cardiac nurses in this study perceived that they were able to successfully transition from their normal work practices in hospital to mentoring patients in their homes.

Crown Copyright © 2017 Published by Elsevier Ltd. All rights reserved.

## 1. Introduction

In global terms, more people die from cardiovascular disease than any other condition and approximately half of these deaths are attributed to coronary heart disease (World Health Organization, 2010). In 2015, nearly 20,000 men and women died from ischaemic heart disease in Australia (Australian Bureau of Statistics, 2016). CR programs are available in many countries and reduce mortality (Heran et al., 2011; Lewin and Doherty, 2013), improve the health literacy (Edwards et al., 2012) and quality of life of patients (Shepherd and While, 2012). Despite this evidence, not all patients have access to such programs.

While CR is available in many cities and metropolitan areas of Australia, distance and cost of travel make it difficult for some patients to attend CR programs (De Angelis et al., 2008 and Van Engen-Verheul et al., 2013). Because CR services are not available in many rural or isolated areas, innovations such as home-based CR programs (Clark et al., 2013) have been developed, which have been shown to be as effective as hospital-based CR programs in the United Kingdom (Taylor et al., 2015; Buckingham et al., 2016). Such programs aim to empower patients to take an active role in their recovery and adopt healthier lifestyles (Heron et al., 2016). Despite international and national guidelines (National Institute for Health and Care Excellence, 2013; Woodruffe et al., 2015) advocating CR for all, these services are not available in some rural areas in Australia. Thus, innovative ways to address this policy practice gap are required.

\* Corresponding author. Department of Intensive Care Medicine, Launceston General Hospital, 274–280 Charles Street, Launceston, Tasmania, Australia.

## 2. Background

Some home based CR programs are advocating the use of health professionals as mentors, but mentoring remains a complex phenomenon because of its many varied definitions (Haggard et al., 2011). Mentoring can be used in a wide variety of situations and how it is enacted can vary widely. Commonly, the word mentor is used interchangeably with facilitator, coach or preceptor and often found in a variety of settings including professional development, business and sport. Historically, the name “Mentor” can be traced to Greek mythology and meant “a wise counsellor.” Mentoring has been used widely in academic, sporting, business fields and to a limited degree in nursing.

Mentoring has been used in nursing to attract assess and retain new nurses (Clark and Casey, 2016) and in professional development (Jokelainen et al., 2011) but not widely as a strategy to support patients. Several concept analyses have been undertaken to clarify meaning, provide operational definitions and report the various attributes relating to mentoring in nursing (Hodgson and Scanlan, 2013; Meier, 2013). To date no concept analysis has been undertaken to clarify a mentoring relationship between nurse and patient in the context of after hospital care. Outcomes from these previous concept analyses and from research on mentoring in general may not be readily transferable to the present study about nurse mentors and patients. Hence, there is a need to explore the nurse mentor experience to understand the outcomes for both mentors and patients.

Home-based programs (Wang et al., 2012; Taylor et al., 2015; Heron et al., 2016) were originally developed as alternative CR models to widen patient access, improve uptake and adherence to CR (Dalal et al., 2010). They have been found to be comprehensive, safe and effective when compared with hospital based programs (Clark et al., 2015; Buckingham et al., 2016) and most follow established CR guidelines (NICE, 2013; Woodruffe et al., 2015). Patient preference for home-based CR stem from perceived barriers associated with distance from hospital especially for rural patients (Shanmugasagaram et al., 2013), lack of time and cost (De Vos et al., 2013).

Nurses and other trained health professionals have been used to facilitate home-based CR programs such as the Heart Manual (Lewin et al., 1992; Wingham et al., 2006). Health outcomes from these programs include improving the health literacy of patients (Brown et al., 2013), reducing anxiety and depression, improving quality of life and fewer readmissions to hospital (Clark et al., 2011; Clark et al., 2015). Despite the benefits of home-based CR there remains little published material exploring the experience of nurses or others who mentor or facilitate such programs. The dynamics of the mentor-patient relationship and the importance of this relationship in determining successful health outcomes for patients recovering from a cardiac event should be of interest to clinicians. Junehag et al., 2014 found standardised information given to patients upon leaving hospital was inadequate. Patients need ongoing timely support in their recovery to overcome personal crises. Thus, this study sets out to explore how nurses perceived their new roles as patient mentors and how integral they consider their part in the delivery of this home-based CR program. Although patients’ perceptions of the mentoring experience in home-based CR has been reported previously (Frohmader et al., 2016), evidence from this study may assist others planning similar CR programs or other chronic disease programs in similar settings (Wood-Baker et al., 2012; Brady et al., 2013). Nurse mentors delivering this program set out to improve patient access to CR and the transitional care of patients returning home from hospital and support patients in their efforts to reduce known cardiac risk factors via patient centred goal planning, feedback and monitoring.

The aim of this research was to explore mentor perceptions of their role in the delivery of a home-based CR program to patients by telephone.

## 3. Research methods

This interpretive study is part of a larger project using a case study research (Yin, 2009) methodology to examine the structures, processes and outcomes (Donabedian, 1992) of a home-based CR program conducted in three Tasmanian hospitals in Australia. As a whole, the case study sought to evaluate the quality of the program in terms of structures, processes and outcomes and both qualitative and quantitative data was collected. As part of this larger study, the perceptions of patients and mentors undertaking the home-based CR program were explored. This paper reports on nurses’ perceptions of their role in the delivery of a home-based CR program for rural patients.

### 3.1. Sample and setting

The setting for this study was a home-based CR program, named the Aussie Heart Guide Program (AHGP) and was delivered mainly by telephone over a six-week period. AHGP nurse mentors were recruited from three Tasmanian hospitals. All nurse mentors were surveyed about their mentoring experience if they mentored a minimum of one patient who had completed the home-based CR program. All mentors were experienced CR nurses with a minimum of five years clinical experience working with cardiac patients.

### 3.2. The Aussie Heart Guide Program

The AHGP was adapted from the “Heart Manual” available in the United Kingdom (Lewin et al., 1992). It is an educational audiovisual resource modified for the Australian setting in 2008 by the Australian Cardiovascular Health and Rehabilitation Association and publishers of the program audio-visual resources, Medical-Ed, Australia. The six week AHGP featured nurse ‘mentors’ providing CR to adult people living in rural locations and who were unable to attend a traditional hospital-based CR program. Nurses continued to undertake their normal work duties and responsibilities as well as mentor patients. Meetings with patients via telephone occurred during mutually convenient times and were completed mostly during normal working hours. Each mentor mentored no more than two patients at a time and was responsible for introducing the program to suitable patients once identified by other nurses or doctors.

### 3.3. Mentor training

To upskill CR nurses in the AHGP and in particular, information about mentoring cardiac patients post hospitalisation, two 8-h training workshops were conducted. The workshops included discussions about the mentoring role, patient centred care (PCC), and some basic training in cognitive behaviour strategies. A comprehensive paper based training manual was provided to mentors before the work shops outlining theoretical and practical components of the AHGP. Concepts relevant to skill development included learning about, motivational interview techniques, correcting patient misconceptions about coronary heart disease and lifestyle risk, goal setting and action planning to guide mentors in their efforts to provide a plan of care unique to each individual. Individualising care to the patients’ needs and preferences, a key aspect of PCC, was also an important part of the training. All training was standardised across all three hospital sites. Mentors conducted a face to face interview with each of their patients in

Download English Version:

<https://daneshyari.com/en/article/4940499>

Download Persian Version:

<https://daneshyari.com/article/4940499>

[Daneshyari.com](https://daneshyari.com)