



# Nurses' perspectives of a new individualized nursing care intervention for COPD patients in primary care settings: A mixed method study

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## ABSTRACT

**Background:** The major challenges in Chronic Obstructive Pulmonary Disease (COPD) care are guiding a patient in daily living with the consequences of the disease, reducing the impact of symptoms and improving Health Related Quality of Life (HRQoL). The new nurse-led COPD-Guidance, Research on an Illness Perception (COPD-GRIP) intervention translates the evidence concerning illness perceptions and Health Related Quality of Life (HRQoL) into a practice nurse intervention.

The aim is to explore the nurses' experiences with applying the new COPD-GRIP intervention.

**Method:** An explanatory mixed-method study nested in a cluster randomized trial in primary care was conducted. Pre-intervention questionnaires were sent to all participating nurses ( $N = 24$ ) to identify expectations. Post-intervention questionnaires identified experiences after applying the intervention followed by two focus groups to further extend exploration of findings. Questionnaires were analyzed by descriptive analyses. To identify themes the audio-taped and transcribed focus groups were independently coded by two researchers.

**Results:** The nurses described the intervention as a useful, structured and individualized tool to guide COPD patients in living with the consequences of COPD. Applying the intervention took less time than the nurses initially expected. The intervention enables to provide patient-centered care and to address patient needs. Barriers were encountered, especially in patients with a lower social economic status, in patients with a lower health literacy and in patients with other cultural backgrounds than the Dutch background.

**Conclusion:** Nurses perceived the COPD-GRIP intervention as a feasible, individualized tool. According to the nurses, the intervention is a valuable improvement in the care for COPD patients.

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## 1. Introduction

Chronic Obstructive Pulmonary Disease (COPD) is a progressive chronic disease characterized by persistent airflow limitation resulting in breathlessness, limitations in daily activities and reduced quality of life (GOLD, 2015). It is estimated that 328 million people worldwide have COPD (Vos et al., 2015) and the prevalence of the physical, social and economic burden that results from this disease continues to increase (Decramer et al., 2011). COPD patients experience several unmet health needs, such as the need of a better understanding of the sustained symptom burden, physical limitations, and psychological impact of COPD (Disler et al., 2014; Schroedl et al., 2014). These developments highlight the importance to develop new interventions in COPD management (Disler et al., 2014; Fletcher & Dahl, 2013; Schroedl et al., 2014).

Treatment and care for COPD patients has increasingly moved from hospitals to primary care during the last decade in the Netherlands as well as in many other countries (Schermer et al., 2008). General practitioners, practice nurses and respiratory nurses play a key role in the care for COPD patients in primary care (Freund et al., 2015; Schermer et al., 2008). Particularly nurses can make a substantial contribution to the long-term care of COPD patients because of their unique position: nurses are involved in all stages of the disease, from prevention to end-of life-care (Fletcher & Dahl, 2013). Moreover their contribution is characterized by continuity of care (Fletcher & Dahl, 2013; Freund et al., 2015; Griffiths, Maben, & Murrells, 2011). The major challenges in COPD care are guiding a patient in daily living with the consequences of the disease, reducing the impact of symptoms and improving Health Related Quality of Life (HRQoL) (Fletcher & Dahl, 2013; GOLD, 2015). Evidence show that illness perceptions are associated with HRQoL in COPD patients (Bonsaksen, Haukeland-Parker, Lerdal, & Fagermoen, 2014; Fischer et al., 2012; Kaptein et al., 2008; Scharloo et al., 2007; Weldam, Lammers, Heijmans, & Schuurmans, 2014; Weldam, Lammers, Decates, & Schuurmans, 2013). These illness perceptions guide individuals' efforts to cope with COPD. Despite their importance, patients'

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illness perceptions are rarely discussed in consultations with general practitioners and nurses (Miravittles, Ferrer, Baró, Leonart, & Galera, 2013; Petrie & Weinman, 2006). Although several COPD disease management programs (Kruis et al., 2014; Zwerink et al., 2014) and nurse-led interventions (Bischoff et al., 2012; Jonsdottir et al., 2015; Walters et al., 2013; Zakrisson et al., 2011) have been developed, specific guidelines for nurses how to discuss illness perceptions with COPD patients are lacking. Therefore we have developed a new nursing intervention that translates the evidence concerning illness perceptions into a practical guide that nurses can use in clinical care. According to the Medical Research Council (MRC) for developing and evaluating complex interventions it is important to evaluate the experiences of the providers of new interventions in order to improve the intervention and to enable implementation in practice (Conn, 2012; Craig & Petticrew, 2013; Möhler, Bartoszek, Köpke, & Meyer, 2012; Moore et al., 2015). Therefore, the purpose of the study is to evaluate the nurses' experiences with this new intervention.

### 1.1. Background

The COPD-Guidance Research on Illness Perception (COPD-GRIP) intervention (Weldam, Lammers, & Schuurmans, 2015) is based on the Leventhal's Common Sense model (CSM) of self-regulation of health and illnesses (Leventhal, Brissette, & Leventhal, 2003). The CSM suggests that people have personal beliefs about their illness which determine to a large extent how people respond to their illness (Leventhal et al., 2003). Based on this CSM and the existing evidence on the relationship between illness perceptions and HRQoL (Fischer et al., 2012; Petrie, Cameron, Ellis, Buick, & Weinman, 2002; Scharloo et al., 2007; Weldam et al., 2014; Weldam et al., 2013), a first draft of the intervention was written. The structure developed by Petrie et al. (Petrie et al., 2002) of identifying, discussing and evaluating illness perceptions was taken as a starting point in developing the intervention, followed by a description of specific building blocks which can be used by nurses to guide COPD patients in primary care. Subsequently, the face validity of this first draft of the COPD-GRIP intervention was assessed in a team of experts (4 respiratory nurses, an expert in health psychology, a pulmonologist (JWL), a nursing scientist (MS) and a general practitioner). Based on their comments an adjusted version of the COPD-GRIP intervention was written. The COPD-GRIP intervention is currently being tested on its effectiveness in terms of health status, quality of life and daily activities with a nine month follow-up period in a cluster randomized trial in primary care in the Netherlands. This COPD-GRIP trial includes 37 participating nurses from primary care practices and 221 COPD patients (COPD-GRIP trial, Netherlands Trial Registry (NTR) 3945).

### 1.2. COPD-GRIP intervention

The COPD-GRIP intervention is an individualized tailor-made intervention. It starts with assessing and discussing illness perceptions with the Brief Illness Perception Questionnaire (B-IPQ) (Broadbent, Petrie, Main, & Weinman, 2006) as a guide for tailoring the intervention. It is subsequently followed by improving patient's understanding of the relationship between their perceptions and their behavior, by challenging them to draw up an individualized care plan and finally, by evaluating the action they have taken to change their perceptions and behavior. The COPD-GRIP intervention consists of three face-to-face consultations, each lasting approximately half an hour. Because of the sequential structure and content of the intervention the consultations are planned with an interval of three weeks.

The intervention is entirely described in a booklet (Weldam et al., 2015). It has an equivalent structure for all patients. The specific content is individualized, based on the patients' responses on the B-IPQ, and based on the needs of the patient. An English version of the booklet can be found on our website: [www.umcutrecht.nl/griponderzoek](http://www.umcutrecht.nl/griponderzoek).

The COPD-GRIP intervention has been applied within the COPD-GRIP trial in primary care in context of regular contacts between the COPD patient and the participating nurses at the primary care-office or at the patient's home. The participating nurses were practice nurses who mainly contacted the patients in the primary care office, or respiratory nurses who mainly visited the patients at home. All nurses of the 19 participating practices were trained in an educational session which was developed by a health psychologist and a researcher/nurse (SW). During this session the above-mentioned stages of the intervention were explained and discussed step by step. Moreover the content of the booklet in which the COPD-GRIP intervention is described, was discussed and a short animation movie was used to explain the content of the booklet. This movie can be found on our website [www.umcutrecht.nl/griponderzoek](http://www.umcutrecht.nl/griponderzoek)

## 2. The study

### 2.1. Aim

The aim of this study was to explore facilitators and barriers in applying the COPD-GRIP intervention from the perspective of the nurses.

### 2.2. Study design

An explanatory mixed-method study on nurses' perceptions of facilitators and barriers of the COPD-GRIP intervention, nested in a cluster randomized trial in primary care was conducted. As can be seen in Fig. 1 quantitative and qualitative research methods were used. The study design was guided by the proposed Criteria for Reporting the Development and Evaluation of Complex Interventions in health care; the CREDECI guidelines (Möhler et al., 2012).

### 2.3. Study sample

The study sample consisted of 24 nurses of 19 practices in primary care who participated in the COPD-GRIP trial. The primary care practices were situated all around the Netherlands.

### 2.4. Data collection

Quantitative data of the nurses' perceptions of facilitators and barriers related to the COPD-GRIP intervention were collected by a questionnaire at two moments in time and the qualitative data concerning facilitators and barriers were collected by two focus group meetings with the nurses (see Fig. 1).

### 2.5. Questionnaires

Facilitators and barriers with respect to the COPD-GRIP intervention were explored by a pre-intervention and a post-intervention questionnaire. The nurses filled in the pre-intervention questionnaire directly after the educational session and before they started to carry out the COPD-GRIP intervention. The post-intervention questionnaire was filled in after carrying out the COPD-GRIP intervention at least one time in all patients, which means three consultations in every patient (Fig. 1). The questionnaire was adapted from van Eijken et al. (van Eijken, Melis, Wensing, Rikkers, & van Achterberg, 2008) and based on a structured list of barriers and facilitating factors (Peters, Harmsen, Laurant, & Wensing, 2003). The content validity was assessed by a group of experts (van Eijken et al., 2008) and formerly used in two other studies evaluating new interventions for practice nurses in primary care (Bleijenberg et al., 2013; van Eijken et al., 2008). The questionnaire included items with respect to expectations and experiences concerning knowledge, organizational context, performing the intervention, time, patient characteristics and nurse perspectives. The response options range from 5 (strongly agree) to 1 (strongly disagree).

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