

What factors influence nurses' behavior in supporting patient self-management? An explorative questionnaire study



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ABSTRACT

Background: A major challenge for nurses in hospital care is supporting chronically ill patients in self-managing their chronic condition. Self-management support requires a broad range of competencies and is often regarded as difficult to implement in daily practice. So far, we have no insight in nurses' behavior in daily practice with regard to self-management support and what factors may influence their behavior. **Objectives:** The aim of this survey was to explore (i) the self-reported behavior on self-management support of nurses in a university hospital; and (ii) the factors influencing this behavior.

Design: Total sample approach with cross-sectional design.

Participants and setting: Nurses employed by a university hospital received an invitation for the research through e-mail containing a link to the survey. Of the 2054 nurses who had been invited to participate, 598 responded (29.11%). The entire questionnaire was completed by 379 nurses, 32 of whom indicated they did not work with patients on a daily basis. After excluding those 32, the final sample included 347 valid responses (16.9%). 90.5% of the respondents was female, mean age was 38.8 years.

Methods: In a web-based questionnaire, the self-efficacy and performance in self-management support instrument (SEPSS-36) was used, with additional questions about attitude, subjective norms, and perceived barriers for self-management support.

Results: This study shows that nurses are self-confident of their capabilities to support self-management. They also feel that most of the time they acted accordingly. Still, a significant gap between self-efficacy and behavior of self-management support was found ($p < 0.001$). Nurses themselves perceive lack of time and patients' lack of knowledge as barriers for self-management support, but this did not influence their behavior ($p > 0.05$). Regression analysis showed that perceived lack of own knowledge, the presumed absence of a patients' need for self-management support, and nurses' self-efficacy in self-management support are factors that influence the behavior of self-management support. 41.1% of the variance of behavior is explained by these three factors.

Conclusion: This study shows a significant gap between self-reported self-efficacy and behavior in self-management support in nurses working in a university hospital. To enhance self-management support, managers and educators should take these influential factors into account. A third of the nurses did not report a need for additional training on self-management support. This implies that programs should also aim to improve reflective skills and raising awareness.

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What is already known about the topic?

- The support of patients' self-management requires a broad range of competencies.

- Nurses often do not know exactly what is expected from them with regard to patient self-management support.
- Nurses' behavior in self-management support can be influenced by various factors such as attitude, subjective norms, and self-efficacy.

What this paper adds

- Nurses believe that they are able to support patients' self-management and report sufficient behavior of self-management

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support, but this study shows a significant gap between these two perceptions.

- Factors that influence the behavior of self-management support are perceived lack of own knowledge, the presumed absence of a patients' need for self-management support, and nurses' self-efficacy in self-management support.
- The most reported barrier to self-management support is lack of time, but this is not significantly associated with lower behavior of self-management support.

1. Introduction

One of the major tasks of nurses is supporting patients in self-managing their chronic condition (Alleyne et al., 2011; Kralik et al., 2004). Due to the increase in prevalence of chronic conditions, healthcare is shifting from an acute care model towards a chronic care model (WHO, 2005). Consequently, nurses are meeting chronically ill patients in more acute settings such as hospitals. Although patients with chronic conditions may encounter many different professionals, self-management support is often provided by nurses because they are highly trusted by patients (Alleyne et al., 2011; Elissen et al., 2013).

Self-management skills enable patients to incorporate the chronic condition into their lives and to remain as self-dependent as possible (Barlow et al., 2002). Self-management encompasses elements of autonomy and shared decision-making (Udlis, 2011). Therefore, the support of patients' self-management requires a broad range of competencies (Elissen et al., 2013; Sahlsten et al., 2007). In the literature, many different interpretations of the concepts of self-management and self-management support are given (Jonsdottir, 2013), and consequently nurses often do not know exactly what is expected from them with regard to self-

management support (Sadler et al., 2014). Studies of our research group showed that nurses have diverse views on self-management support. These views differ with respect to the relation between the patient and the goal of self-management. Where some nurses focus on the everyday life of patients and on coaching, other nurses stress the importance of optimal biomedical outcomes and promote adherence (Been-Dahmen et al., 2015; van Hooft et al., 2015a).

The literature on competencies needed for self-management support is sparse. Often they are broadly formulated (WHO, 2005), applicable to specific contexts only (Lawn et al., 2009), or not aimed at nurse professionals (Pols, 2009). A detailed overview of required competencies for nurses was published only recently by our research group (van Hooft et al., 2015b). Six categories of competencies are described: five of these are named after the phases of the Five A's Model: Assess, Advise, Agree, Assist, and Arrange (Glasgow et al., 2003). This cyclic model is a framework for the process of self-management support and is therefore a useful explication of required competencies. The first phase (Assess) involves assessment of motivation and the beliefs of patients so the nurse is able to adjust her support to the specific needs of the patient (Glasgow et al., 2006; Lawn et al., 2009). In the second phase (Advise), the nurse gives information and instruction, as information is a prerequisite for the patient to make informed decisions (Udlis, 2011). The third phase (Agree) involves shared decision-making and relates to mutual goal setting (Schulman-Green et al., 2012; Stacey et al., 2008). In the next phase, the nurse Assists the patient with overcoming barriers in daily living with a chronic condition (Schulman-Green et al., 2012). The fifth phase (Arrange) involves follow-up care (Pols, 2009). The sixth category of the overview of competencies encompasses overall competencies for self-management support, like a partnership approach or deviating from protocols where necessary (Hostick and

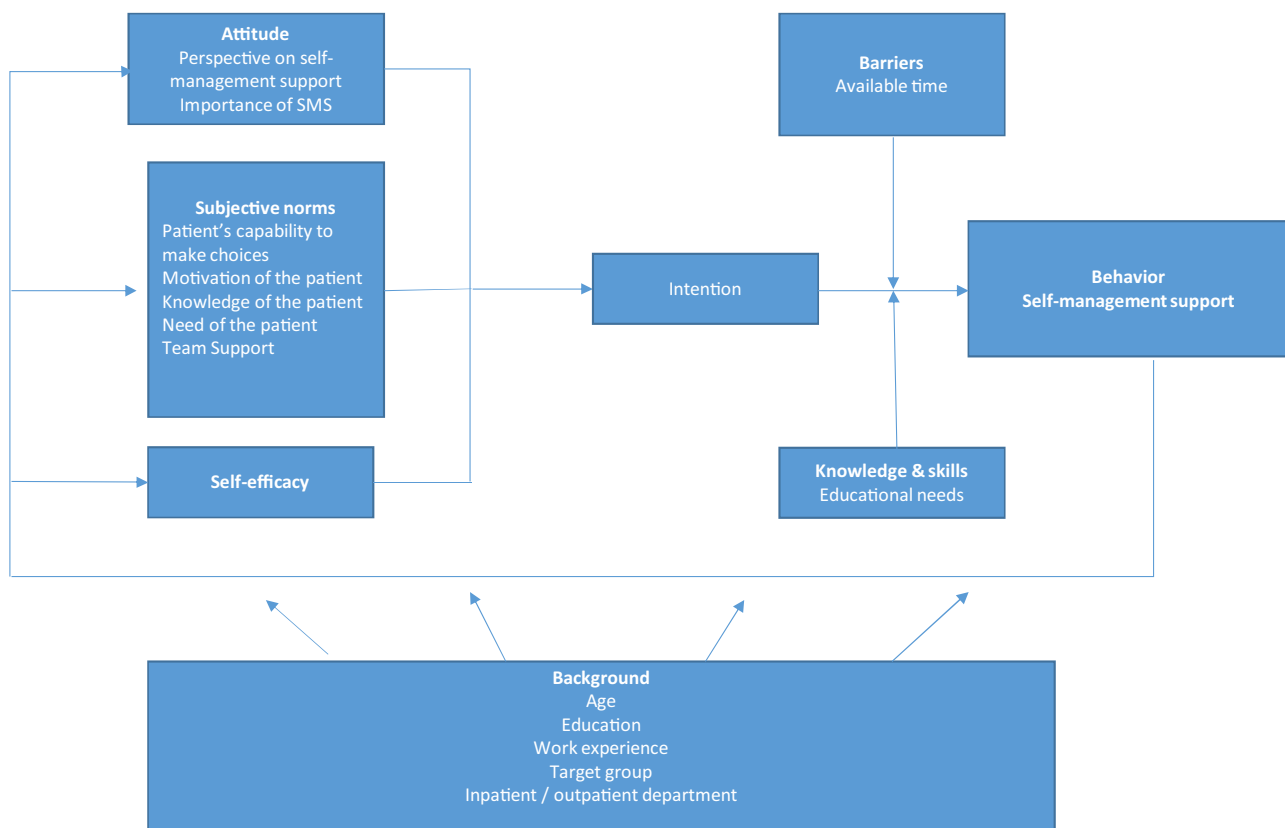


Fig. 1. The Attitude, Subjective norms, and Self-Efficacy (ASE) model (de Vries et al., 1988).

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