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Review

Self-management priority setting and decision-making in adults with multimorbidity: A narrative review of literature

Lisa C. Bratzke *, Rebecca J. Muehrer, Karen A. Kehl, Kyoung Suk Lee, Earlise C. Ward, Kristine L. Kwekkeboom

University of Wisconsin – Madison, School of Nursing, United States

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ABSTRACT

Objectives: The purpose of this narrative review was to synthesize current research findings related to self-management, in order to better understand the processes of priority setting and decision-making among adults with multimorbidity.
Design: A narrative literature review was undertaken, synthesizing findings from published, peer-reviewed empirical studies that addressed priority setting and/or decision-making in self-management of multimorbidity.
Data sources: A search of PubMed, PsychINFO, CINAHL and SocIndex databases was conducted from database inception through December 2013. References lists from selected empirical studies and systematic reviews were evaluated to identify any additional relevant articles.
Review methods: Full text of potentially eligible articles were reviewed and selected for inclusion if they described empirical studies that addressed priority setting or decision-making in self-management of multimorbidity among adults. Two independent reviewers read each selected article and extracted relevant data to an evidence table. Processes and factors of multimorbidity self-management were identified and sorted into categories of priority setting, decision-making, and facilitators/barriers.
Results: Thirteen articles were selected for inclusion; most were qualitative studies describing processes, facilitators, and barriers of multimorbidity self-management. The findings revealed that patients prioritize a dominant chronic illness and re-prioritize over time as conditions and treatments change; that multiple facilitators (e.g. support programs) and barriers (e.g. lack of financial resources) impact individuals' self-management priority setting and decision-making ability; as do individual beliefs, preferences, and attitudes (e.g., perceived personal control, preferences regarding treatment).
Conclusions: Health care providers need to be cognizant that individuals with multimorbidity engage in day-to-day priority setting and decision-making among their multiple chronic illnesses and respective treatments. Researchers need to develop and test interventions that support day-to-day priority setting and decision-making and improve health outcomes for individuals with multimorbidity.

* Corresponding author. Tel.: +1 608 2635277.
E-mail address: bratzke@wisc.edu (L.C. Bratzke).

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What is already known about the topic?

- Multimorbidity, defined as two or more co-occurring chronic illnesses, is increasingly common among adults and older adults.
- Multimorbidity complicates the self-management process, particularly when multiple providers are involved and when treatment recommendations conflict.
- Effective self-management of chronic illness requires day-to-day priority setting and decision-making.

What this paper adds

- Priority setting and decision-making are iterative processes that go hand-in-hand in self-management of multimorbidity.
- Individuals' self-manage multimorbidity, in part, by identifying a dominant chronic illness that takes priority over other co-morbidities. Reprioritization of the dominant illness occurs as effects of chronic illnesses and their treatments change over time.
- Priority setting and decision-making in multimorbidity are influenced by individual processes and factors including personal beliefs, preferences, attitudes and perceptions of one's capacity to engage in the self-management behavior.
- Various facilitators (e.g., home-based self-management programs) and barriers (e.g., lack of resources, conflicting or confusing treatment recommendations, and treatment side effects) impact priority setting and decision-making in self-management of multimorbidity.

1. Introduction

Chronic illnesses are ongoing health conditions that can be controlled but not cured. According to the Centers for Disease Control and Prevention (CDC), chronic illnesses are the leading causes of death and disability in the United States (CDC, 2012). Approximately seven out of 10 deaths can be attributed to chronic diseases (Kung et al., 2008). The term multimorbidity refers to the occurrence of two or more chronic illnesses at the same time. Multimorbidity is a growing concern in public health due to its high prevalence and poor outcomes. In the United States, more than one in four adults and nearly three quarters of adults aged 65 or older have multimorbidity (Anderson, 2010). Persons with multimorbidity are at a greater risk for disability and are more likely to be hospitalized than persons with a single chronic illness (Anderson, 2010). Over time, unmanaged multimorbidity can negatively affect cognitive (Aarts et al., 2011) and physical function (Griffith et al., 2010; Kadam and Croft, 2007; Stewart et al., 1989) ability to maintain employment (Boyd and Fortin, 2010; van den Akker et al., 2000; Muehrer et al., 2011) and relationships, and overall quality of life (Institute of Medicine, 2012).

Chronic illness requires a person to adhere to a self-management regimen in order to maintain optimal health and avoid life-threatening complications. Consequently, patients with multimorbidity may have to follow several complex self-management regimens prescribed by multiple specialty health care providers. For example, persons with heart failure (HF) must adhere to a cardiac diet; take cardiac medications on schedule, and monitor weight, breathing, and other symptoms to detect CHF exacerbations. Persons with HF who have a concurrent diagnosis of depression must take all of those steps while also remembering to attend psychotherapy sessions, take antidepressant medications and practice cognitive-behavioral strategies to manage daily psychological and emotional challenges.

In a subset of patients with multimorbidity, self-management demands may conflict across conditions resulting in the need for highly complex priority setting and decision-making. For example, a patient with cancer, Type 2 diabetes, and a history of atrial fibrillation may have to balance the effects of taking anticoagulants while on chemotherapy that is expected to reduce platelet count; follow a diabetic diet while also eating extra calories to minimize cancer-related cachexia; and manage unstable glucose levels and hyperglycemia induced by steroid premedication for chemotherapy. When the number of activities and time required to perform self-management becomes too burdensome, patients may make decisions about which self-care management activities will be a priority, and which may be delayed or simply not completed.

The need for prioritization and decision-making regarding self-management is a significant concern among patients with multimorbidity. Self-management is often described simply as the day-to-day activities that individuals engage in to control a chronic illness. More detailed definitions emphasize choosing proper treatment options, adhering to treatment regimens, making health-related lifestyle changes, monitoring and managing signs and symptoms of the illness and treatment, and compensating for physical and social consequences of the illness (Coleman and Newton, 2005; Novak et al., 2013). In defining self-management, previous studies note the importance of the patient provider-relationship, but it is clear that self-management is what the patient does to manage the illness, not what the clinician does with or for the patient. While some definitions of self-management include emotional coping activities (Kralik et al., 2004), for the purpose of this review, self-management is defined as behaviors and activities an individual employs for the practical management of an illness, such as taking medications, and managing physical or functional effects of the illness.

According to Lorig and Holman (2003), two skills used in self-management are the ability to set priorities and the ability to engage in decision-making. Specifically, priority setting refers to the importance or urgency an individual places on a specific illness or self-management practice, and decision-making refers to the choices an individual makes related to the practice of chronic illness self-management. The processes of day-to-day priority setting and decision-making usually originate from individual experiences (i.e., trial and error) rather than medical advice/instructions (Haslback et al., 2012). Both skills are implicit, individualized, iterative processes used frequently and regularly by individuals to manage their chronic

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