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Title

Integrated self-management support provided by primary care nurses to people with chronic diseases and common mental disorder

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

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Abstract

Context: Chronic diseases (CD) and common mental disorders (CMD), increasingly prevalent in primary care, account for a large amount of mortality and morbidity worldwide. Self-management support (SMS) represents an important activity for primary care nurses and people with CD and CMD requires an integrated approach. In-depth description of the experiences of primary care nurses performing integrated SMS for persons with CD and CMD could improve this essential activity.

Objective: The main objective of this study was to explore the experiences of primary care nurses performing integrated SMS for persons with CD and CMD. Secondary objectives were to describe 1) how clinical integration of SMS is done; 2) activities; 3) factors influencing integrated SMS; and 4) strategies to improve integrated SMS.

Study Design and Analysis: Interpretive descriptive qualitative approach.

Setting or Dataset: Family medicine groups (FMG) in the province of Quebec, Canada.

Population Studied: A sample of 23 primary care nurses was recruited using purposive and snowball sampling. To be included, nurses needed to: 1) have worked at least one year in an FMG; 2) follow persons with concurrent CD and CMD; and 3) speak French. Many strategies were used to contact the participants.

Intervention/Instrument: Data collection was done using virtually semi-structured interviews of 60-90 minutes. The interview guide consisted of open-ended questions and follow-up questions based on the objectives, results of a scoping review, and Valentijn's Rainbow model of integrated care.

Outcome Measures: Miles et al. iterative inductive-deductive thematic analysis method was used for data analysis. Valentijn's model and Pearce's PRISMS taxonomy were used for deductive analysis. Analysis was done in team and a reflexive journal was kept.

Results: This study highlights how primary care nurses clinically integrate SMS for CD and CMD through promotion of good health habits and prevention of risks factors using education, support activities and an approach that encompasses person-focused care and cocreation of SMS process. Factors influencing clinical integration of SMS at the clinical (e.g., skills, knowledge) and external level (e.g., collaboration, roles, culture) were identified, as well as strategies to improve it (e.g., training, clinical support).

Conclusions: Integrated SMS is a promising, yet complex, approach that is critical to ensure that persons with CD and CMD gets the right care.