BACKGROUND

• 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 constitutes an important task for nurses in disease management but remains mainly disease-specific. 

• Persons with CD and CMD require an integrated approach, but little is known about integrated self-management support (SMS) by primary care nurses.

OBJECTIVES

Identify SMS interventions by primary care nurses for persons with CD and CMD

1. Identify the integrated and non-integrated SMS interventions,

2. Identify characteristics of both kind of interventions.

METHODS

Scoping review, using Arksey & O’Malley’s framework. 

Identifying the research question

What are the SMS interventions by primary care nurses for persons with concurrent CD and CMD?

Identifying relevant studies

Databases were searched in late 2019 combining the search concepts and related terms “self-management support”, “collaborative care”, “primary care” and “nurse”. 3319 articles were identified (see Figure 1).

Selecting studies

Inclusion criteria: SMS interventions by primary care nurses, adults patients with at least 1 CD and 1 CMD, any qualitative/quantitative articles and protocols, English or French articles.

Exclusion criteria: Disease-specific SMS of CD or CMD, specific clients (severe mental disorders, pediatrics, obstetrics/gynecology, palliative care, HIV/AIDS, home care, oncology). 

After team screening and handsearching, 30 articles were included for analysis.

Charting the data

See Table 1, Figure 1 and 2.

Collating, summarizing and reporting results

Deductive analysis was performed using Valentin’s definitions of clinical integration and person-focused care to identify which SMS interventions were integrated and mixed thematic analysis to identify the characteristics of integrated/non-integrated SMS. Co-analysis of data was done in team.

RESULTS

30 articles included related to 10 SMS interventions studies were analysed, objective 1: Integrated SMS interventions (Table 1).

Objective 2: Characteristics of SMS interventions

Person-centered SMS

• Biopsychosocial and holistic SMS that transcends physical and mental problems

• Needs: personal, psychosocial and clinical, priorities, preferences, progress, concerns, strengths, challenges, satisfaction, desires

• Level of person’s preparation (literacy, knowledge)

Co-creation of SMS

• Personalised SMS: person-driven, nurse help, suggests and support

• Equal nurse-person relationship

• Needs as an expert member of his/her health

• Based on self-investment, autonomy, valuing of abilities, confidence

• Fostering meaningful engagement and empowerment of the individual throughout the process

• Attitudes fostering co-creation and clinical integration

Integrated SMS

Includes:

Biopsychosocial education, Problem-solving therapy, goal setting, action planning

Support techniques (medical, practical, psychological and social)

Person coordinating their own care (self-management)

• Practice of self-management in the presence of the nurse

• Developing self-efficacy

• Encouragement of self-monitoring and autonomy

• Spacing nurse-person contact as an opportunity to promote self-management

DISCUSSION

• First scoping review on integrated self-management support for persons with CD and CMD in primary care.

• Biopsychosocial person-focused care, engagement and equal nurse-person relationship were among the key characteristics to assure clinical integration of SMS.

• Non-integrated SMS were highly standardized interventions with disease-specific approached, led mainly by protocols/nurse and lacked relationship building and co-creation.

• Integrated SMS interventions support techniques were variable; few studies had clear theoretical basis and were sometimes poorly described. Few qualitative studies were identified.

Strengths

Extensive searching in many databases, including handsearching, for maximum literature coverage; team co-analysis, use of a well-known integrated care framework.

Limits

Heterogeneity of the SMS concept may have impacted search strategy and number of studies included; poor description of SMS interventions in studies limited the depth of description; classification of integrated SMS interventions remains our own interpretation of Valentin’s definitions; review of interventions may not reflect natural clinic context.

CONCLUSION

This review portrayed integrated SMS and a framework was made to better identify integrated SMS and help develop future SMS interventions. However, better reporting of SMS; use of theoretical basis and more qualitative research to explore nurse’s experience to improve clinical integration are needed.

REFERENCES


