A multi-context, multi-method assessment of the contribution of nurses to chronic disease management

Executive summary for the National Institute for Health Research Service Delivery and Organisation programme

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Executive Summary

Background

Nurses are the largest component of the qualified workforce and are also responsible for directing the care delivered by the unqualified nursing workforce. There is a rising prevalence of long-term conditions which not only disrupt the patient's life but are responsible for significant health care expenditure. Understanding of the contribution of nurses to chronic disease management (CDM) in light of the growing health burden of long term conditions is important if limited resources are to be directed effectively and efficiently.

Aims

The study aimed to define the nature of the nursing contribution (conceptualisation) to CDM and to provide some assessment of the impact or effect of that contribution (effectiveness) through identifying the nature and contributions of current nursing roles to assessment, health promotion, clinical care and care organisation within CDM.

About this study

A multi-method approach conducted in two stages addressed the study aims with a focus upon three tracer disorders: diabetes, COPD and MS as exemplars of long term conditions. The study utilised a conceptual framework derived from a mapping of the key dimensions of nursing activity developed in a previous study (Forbes et al 2007). Stage 1 Theory development comprised a literature review; four national participative events (n = 29 diabetes nurses; n = 25 MS nurses; n = 41 COPD nurses; n = 41 users); and a national postal survey of nursing service leads across 100 acute hospitals and 100 primary health care organisations and all 35 teaching hospitals yielding a response rate of 70.7% (n =298).

Stage 2 Nine case study sites from within the Thames region were selected to explore CDM care systems. Sixty one nurses were interviewed across the range of nurse roles and clinical grades. A large postal survey of patients

registered on local service databases was conducted yielding 816 completed questionnaires. A postal survey of carers was unsuccessful.

Key findings

The nursing contribution is complex and multidimensional.

- Nurses contribute to care assessment in relation to the stage, function and form of assessment. The assessment contribution of nurses was identified at all the different stages of the disease trajectory: the preliminary screening of patients and diagnosis; initial assessments (diagnosis support); ongoing assessment; event management (changes in circumstances). Patients value assessment by nurses, however, the inclusion of carers is limited.

- Primary prevention by nurses is limited. Health promotion by nurses focuses upon patient education to promote self-care behaviours and healthy life-styles delivered through both individual and group strategies. Patients value this but they want greater consistency and access to educational and information resources.

- Nurses contribute to clinical care in four areas: continuing management; clinical interventions; psychosocial interventions; patient involvement; and patient safety. Nurses are often the central point of reference for the patient in shaping their day-to-day care. Much psychological support is delivered through the clinical relationship. The extent of social care support is limited. Patients would like greater involvement in their care.

- The nursing contribution to care organisation was the smallest element (relative to assessment, health promotion and clinical care) which may be because the contribution is more implicit in what they do rather than as a designated role. Key elements of contribution were: increased access; greater continuity of care; care system regulation; and improved cross-boundary working.

- Nurses were often the central point of reference for the patient in shaping their day-to-day care.

- There is evidence of nurses impacting positively upon care access, care co-ordination, care satisfaction, information support and self-care mastery.

Conclusions

The study identified new insights into how nursing roles are evolving in CDM. The study also provided insights regarding the contribution of nurses across the domains of the initial conceptual model (assessment, health promotion, clinical interventions and care organisation).

A number of recommendations arose from the study:

The variability in both the quantity and quality of care delivery within the selected disorders needs addressing if High Quality Care for All (DoH, 2008e) is to become a reality.

Good information transfer continues to be problematic and undermines care delivery and patient experience. Further development of information technology and virtual management systems would be helpful.

Greater emphasis needs to be given to primary prevention and population and community level health promotion by nurses.

There is a need to increase the capacity of nurses to involve patients in all aspects of care delivery, assess carers and family needs, and provide social care support.

Psychological support within clinical relationships is highly valued by patients, however, the delivery of formal psychological therapies is not yet embedded in nursing practice despite their benefit.

Areas for future inquiry are suggested relating to nurses and assessment, health promotion, clinical care, tele-care and care organisation.

Disclaimer

This report presents independent research commissioned by the National Institute for Health Research (NIHR). The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the NHS, the NIHR, the SDO programme or the Department of Health

Addendum

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