

Perceptions of Chronic Disease Self Management in rural primary health care and implications for routine clinical practice: a mixed methods study

Kay Cope, Hunter New England Local Health District
Kay.Cope@hnehealth.nsw.gov.au

Aims and rationale

There is an increasing need for primary health care professionals to provide their patients and clients with support in managing their chronic conditions. This study investigated the understanding of Chronic Disease Self Management (CDSM) support among rural health professionals and their capacity for integrating CDSM support into clinical practice.

Methods

An on-line survey was completed by 64 respondents, followed by seven (7) semi-structured interviews with volunteers from the survey sample. Respondents included public and private primary health care professionals (including nurses, allied health, Aboriginal health education officers, project/educator staff and one general practitioner) from regional and rural communities in north-western NSW. The survey investigated perceptions of the 'importance of', and 'evidence of integration of' 36 key elements of CDSM support, taken primarily from work by Ed Wagner and Malcolm Battersby. Interviews focused on perceptions relating to 'normalising' CDSM support in routine clinical practice.

Findings

Survey results were skewed towards 'great' or 'extreme' importance for most elements, with consistently lower results for perceptions of evidence. The elements with the greatest difference between ratings of 'importance' and 'evidence' were spread across key areas of CDSM support, such as sharing clinical care, developing patient/client skills, goal setting, identifying social and emotional barriers to care, and the need for patients to take responsibility for their health. Analysis of interview transcripts found limited exposure to CDSM models of care, with patient education seen as the priority, rather than the psychosocial aspects of investigating barriers, goal setting and wellbeing. Efforts to 'normalise' CDSM support into routine practice were seen as requiring system wide changes which involve training, mentoring and a change in focus of the model of chronic care.

Conclusions and Implications for practice

These findings could be used to help target education and support opportunities for the chronic care workforce. Staff mentoring and accessible education were seen as high priorities for the future, to develop a shared understanding of CDSM strategies and work roles of PHC professionals working chronic care clients. Giving appropriate value to CDSM support within a health system which has traditionally valued acute care, requires a shift of management, clinical practice and understanding of both clients and clinicians.

For the full report on this project visit our website, follow the link to the Rural Research Capacity Building Program and click on 'view completed projects'

Kay has worked in NSW Health since 1993 in health promotion, communication and practice development roles with an emphasis on health education. Her most recent practice development role has included several chronic disease self management projects, peer support and practice redesign.

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