How clinicians view their role in self-management programmes: a metasynthesis

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Introduction

- Self-management programmes are increasingly popular
- Only modest improvements in health outcomes.
- Views of clinicians who deliver these programmes may provide insight to challenges to implementing self-management programmes.

Study Aim

To explore perceptions of clinicians concerning delivery of self-management programmes.

Methods

Data Sources: EBSCO, Scopus, AMED. Key search terms included: self-management, health professionals and perception.

Study Selection: Studies published in English; in peer-reviewed journals; reporting original findings concerning perceptions of clinicians regarding involvement in self-management programmes and integrating self-management into practice.

Data Extraction: Findings and discussion sections of studies imported into Nvivo-10. Line-by-line codes organised into descriptive themes. Studies were appraised for quality.

Findings

- 1930 studies identified
- 1889 excluded on basis of title and abstract
- 41 full text reviews by two independent reviewers
- 14 papers finally included

Description of studies

Clinician participants (n=287) in included studies were nurses (10 studies), medical doctors (7 studies) and physiotherapists (4 studies) with a range of other health professionals also included. Patient groups comprised people with chronic conditions (e.g. diabetes, low back pain, stroke).

Overview of themes

Three main themes were developed from the data: *Who is in control?*, *Changing clinician views*, *Overcoming challenges to change*.

Education is paramount as long as we've imparted… all the knowledge we have…the choice is definitely up to them. (Macdonald p.195)

Motivation is the number one characteristic the patient needs to have for good control. (Hunt p.664)

…it's diet they don't keep to or their lifestyle... (Pill p.1496)

Who is in control?

The issue of 'control' implicitly and explicitly formed the basis for the first theme, including how clinicians exerted control over patients as well as the control they expected patients to have over their condition. Education and motivation were used by clinicians to direct patients to control the disease by controlling their behaviour.

Responsibility or blame was often attributed to the patient or the patient was labelled as noncompliant when health outcomes were poor. Clinicians assumed that the patient hadn't been following their recommendations correctly.

Changing clinician views

Some clinicians experienced transformation of practice through integration of self-management approaches into practice. Clinicians, who now valued patients as partners, recognised their previous positioning as experts, with a reliance on provision of information as the sole ingredient to drive a change in behaviour. As a consequence, clinicians reflected on their communication style which limited their ability to listen to patients.

Participants and researchers described this transformation as a move towards practice consistent with a model of person-centred practice and away from more traditional models.

…definitely changed my attitude to patient care. I am not so likely to dictate to them now and I think a lot more about involving them and asking how they feel about changing. (Pill p.1495)

…I talk too much… (Mikkonen p.401)

Old values like hierarchy and control are replaced by values as equality and autonomy. (Visse p.370)

…And for some it's difficult to let go of that sort of 'I'm the physio, I'm the expert. I've got to look at the impairments and make them better, otherwise there are going to be long term implications that this patient doesn't even understand. So it shouldn't be about what they functionally want to do now, it should be me as an expert saying this is what you need to do for the long term.' (Norris p.36)

Overcoming challenges to change

Clinicians acknowledged many challenges when attempting to shift away from a traditional approach. Many of the tensions experienced related to sharing or letting go of control.

Dedication of time to practice, a deliberate attempt to focus on communication skills gained and support from colleagues were identified as useful strategies to facilitate a change in practice. Approaches that included a self-reflection component also appeared to facilitate the transformation of clinical practice, especially if engaged in on an ongoing basis.

Good patient-centred education and counselling presumes reflection; the professional has to critically assess her own values, attitudes, and beliefs. (Mikkonen p.402)

Conclusions

Who is in control? reflects that self management programmes can be used as 'controlling' devices that are integrated into dominant models of practice rather than changing dominant practice models. *Changing clinician views* occurred gradually if clinicians valued a partnership with patients and developed a communication style that allowed them to listen more carefully to patients. *Overcoming challenges to change* acknowledges the challenges associated with a paradigm shift that many clinicians experience when attempting to share or let go of control. Strategies identified to facilitate this transformation were dedicating time to practice communication styles, peer-support and self-reflection.

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