Self-management of long-term conditions: A district nursing perspective of patient engagement.

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Abstract

The United Kingdom (UK) has an aging and rising population who are known to have increased prevalence of long-term conditions (LTC) which is threatening to overwhelm current healthcare systems. The COVID-19 pandemic and its risk of transmission provided an opportunity for individuals with LTCs to focus on self-care, and for District Nurses (DNs) to promote self-management. Self-management strategies such as digital technology, motivational interviewing, social prescribing, and shared decisionmaking can assist DNs in planning a whole-population approach to managing physical and mental well-being. Yet, for this to become a reality, investment is needed to educate patients, their carers, DNs and the multi-disciplinary team (MDT) and ensure the suitability of methods to sustain future practice.

Keywords

Self-management, self-care, Long-term conditions, District Nurse, Covid 19

Introduction

The UK population has steadily increased and was estimated to be 67 million people in 2021 (Statista, 2023). In the past 10 years, individuals aged 65 and over have increased from 9.2 million to 11 million and this is predicted to rise further (Office for National Statistics (OFNS), 2021; 2023). Ageing, alongside lower socio-economic status, increases prevalence of LTCs, thus it is thought 1 in 3 people live with a LTC which threatens to overwhelm the current healthcare system (Public Health England,

2020, Statista, 2023, Manderson and Wahlberg, 2020). The National Health Service's (NHS) (2019) Long Term Plan commits to invest and develop community services, highlighting the importance of healthcare professionals' role in promoting patient self-care and management. The requirement for highly qualified DNs to meet this commitment is further emphasised in the NHS' (2023a) Long Term Workforce Plan to meet the increasing complexity of the population's needs. The staffing crisis, alongside unsafe unsustainable demands on services, requires a focus on alternative strategies to promote self-management of LTCs and negate overwhelming the system (QNI, 2019; 2023, Devine, 2021; NHS, 2023a). This article aims to explore the promotion and empowerment of self-care and self-management strategies for individuals with LTCs from a DN perspective.

Background

According to the National Institute for Health and Care Excellence (NICE) a LTC is a condition that lasts for over one year which significantly impacts a person's life (NICE, 2016a). LTCs may include arthritis, dementia, stroke, heart disease, cancer or, more recently, long-covid; with the most prevalent thought to be hypertension, diabetes, and mental health conditions (NICE, 2016a; 2022; NHS, 2021, Chilton and Bain, 2017). Moreover, individuals experiencing socioeconomic deprivation have a 60% higher prevalence of developing a LTC or suffering increased severity and are more likely to have multiple LTCs compared to those less deprived (Woodward et al., 2023). The cost of living crisis is likely to increase socioeconomic inequalities impacting the health of the population further (Robinson, 2023). Such statistics highlight the correlation between ageing populations, deprivation, and prevalence of LTCs, contributing to complex and demanding DN caseloads (Queens Nursing Institute (QNI), 2022).

The impetus for self-management

COVID-19 posed a significant risk to the health of the population which substantially increased for those with LTCs and those who are immunocompromised (Ng et al., 2023). This caused radical changes to people's lives including isolation to prevent transmission, resulting in an increase in self-management behaviours (Utli and VuralDogru, 2021). Self-care relates to completing a medical task, whereas selfmanagement is described as the daily medical, emotional and behavioural management of those with LTCs (Ng et al., 2023; Turnbull, 2023). Self-management improves self-efficacy and treatment concordance resulting in regulated LTCs, improved quality of life and reduced healthcare service contacts (Cottom, 2020). The risks of COVID-19 caused barriers to service accessibility, which motivated the development of new processes, policies and safety measures changing the way healthcare was delivered (Smith et al., 2023). To relieve pressure and increase hospital capacity, high risk patients were discharged into the community, increasing complexity and demand on already depleted DN services (Penfold, 2020). To alleviate increased pressure, non-emergency services adapted care delivery, restricting faceto-face interactions, utilising remote methods, and promoting self-care through digital technology (Smith et al., 2023). The population began delivering self-care tasks such as lateral flow self-testing for COVID-19, hygiene practices and using personal protective equipment (Smith et al., 2023). Bernacki et al. (2021) documented the decline in face-to-face input resulted in patients taking responsibility for their health, engaging in self-monitoring whilst identifying and resolving issues themselves. Green et al. (2020) reported an increase in patients declining DN visits, positively impacting caseloads to enable focus on the most complex and appropriate patients for the service. Families also began supporting and caring for elderly relatives as a form of protection from COVID-19, alleviating pressure on the NHS, (Phillips et al., 2020; Green et al., 2020).

COVID-19 therefore appeared to transform the views of the population to become fully engaged in self-care and management, a progression the NHS had been striving for to ensure its survival (Smith et al., 2023). The importance of self-care was first highlighted in Wanless' (2002) report on the long-term future of the NHS, where relationships between healthcare and the public envisioned the creation of a fully engaged society by 2022. The report focused on empowerment and promoting selfcare to gain information, skills, and equipment for people to take an active role in their treatment and maintenance of conditions (Wanless, 2002). Due to the ageing population, it was predicted that public engagement in self-care could generate significant cost benefits for the NHS dependent on uptake, a strategy that could save the system (Wanless, 2002). Self-management features in the Comprehensive Model of Personalised Care (see table 1) to promote a population-wide approach supporting people to manage their physical and mental well-being (NHS, 2018; 2019; 2023a). This model features self-management as one of its six evidence-based components and promotes interventions such as, peer support, health coaching and education to increase people's skills, knowledge, and confidence (NHS, 2018).

Table 1

Poor self-management uptake is linked to increased cost, disease progression, mortality, multi-morbidity and if the least able patients were supported to manage their conditions it could prevent 436,000 emergency admissions (NHS, 2018; Wood, 2018). DN's care for the most vulnerable and least able populations in supporting all groups to self-manage should therefore be high on the community agenda. Green et al. (2020) suggests capitalising on the positives COVID-19 has provided for DNs such as family involvement and technological advancements to support caseload management. Notwithstanding this, it is unclear if self-management behaviours accelerated by COVID-19 have continued post pandemic, requiring more research. The QNI (2022) identifies unsustainable pressure on DN caseloads which, unlike other services, have no maximum capacity. It is vital DNs utilise leadership skills to enable and empower patients, families, carers, and peers to promote self-management to relieve system pressure (Green et al., 2020; Nursing and Midwifery Council (NMC), 2022).

Supporting Patients to Self-manage

Self-management requires holistic assessment and by encouraging shared decisionmaking shifts responsibility to the patient to promote sustainability (Turnbull, 2023). NICE (2016b) recommend individualised care planning for patients with multiple LTCs, establishing values, goals, and priorities with the aim of maintaining independence. Significant risks associated with self-management should be thoroughly considered and monitored, if patients lack capacity, it could place them at significant risk of harm (Turnbull, 2023). To establish risks and encourage shared decision making, excellent communication skills are required to build a rapport capable

of engaging patients in behaviour change and self-management practices, improving clinical outcomes (Petersson, Nygardh and Hedberg, 2022).

NHS (2018) places patient knowledge high on the personalised care agenda and offers self-management education programmes to manage LTCs (NHS, 2023b). It is acknowledged that education is not always enough, the frequent disconnect between knowledge and behaviour often accompanies assumptions that education supports healthier choices, which is not always true and can hinder 'behaviour change strategies' (NHS, 2018, Carrier, 2023). Patients with LTCs can struggle to accept their condition, contributing to a resistance in self-management, requiring positive healthcare relationships to facilitate engagement (Budge, Taylor, and Curtis, 2021).

A lack of patient involvement in care planning and MDT communication may drive assumptions that patients have insufficient knowledge to self-manage LTCs (Brand and Timmons, 2021). Integrated holistic approaches during assessment and amongst the MDT are crucial to establish and share a patient's ability to self-manage (NHS, 2018; Brand and Timmons, 2021). This constructs a thorough picture of the patient's self-management activities, ensuring care is coordinated and patients feel listened to (NHS, 2018; Brand and Timmons, 2021).

Self-management Strategies

To further facilitate engagement, behavioural strategies to manage LTCs can be used to influence adherence to treatment, self-efficacy and engagement in goal setting and care planning (Lawless et al., 2021). Public Health England (PHE) (2018) initiative 'Making Every Contact Count' links behaviour changes to reducing prevalence of LTCs and improving the well-being of those already living with LTCs. It focuses on opportunities to engage and motivate patients to initiate behaviour change across all NHS services (PHE, 2016). DNs skilled in communication are well placed to initiate this through motivational interviewing and the therapeutic relationships they hold with

patients (Day, Gould and Hazelby, 2017). Motivational Interviewing (MI) is used to promote self-management and involves evoking patients' concerns and values to develop person-centric goals (Day, Gould and Hazelby, 2017). Carrier (2023) echoes this and believes that engaging a person's motivation links to their core values to effectively achieve sustained behaviour change (Carrier, 2023). MI does require timely communication that focuses on positivity and avoiding conflict as not all patients will recognise the need for change and remain resistant (Walsh, 2019). Staffing reductions, increased workload, and poor skill mix may mean implementing MI as a strategy is not always feasible (QNI, 2022). However, nursing leaders should be enabling and advocating pre and post registration nurses to gain this transferable skill to improve self-management of LTCs, population health and alleviate demands on the service (Day, Gould and Hazelby, 2017).

Time constraints can cause detrimental effects on the elderly population who often rely on healthcare interactions as their only socialisation requiring support from voluntary or social services (Wakefield et al., 2022, Turnbull, 2023). Without meaningful interactions this can cause loneliness, in-turn exacerbating LTCs and contributing to the use of more services, creating additional strain (Wakefield et al., 2022). To support patients, DNs can utilise social prescribing (SP) by referral to a link worker, assisting individuals to join voluntary or community groups, improving connections to any physical or social needs they have (Wakefield et al., 2022). SP features in NHS policy and is proven to create a sense of belonging by connecting patients to their community and their peers, improving health and well-being through participation and shared experiences, thus reducing cost (NHS, 2018; 2019; Wakefield et al., 2022).

DNs have the expertise to implement and promote SP during holistic assessment, which can benefit a large proportion of the caseload who are socially isolated with complex LTCs (Mendes, 2021, Howarth et al. 2020). Debatably, SP is not always appropriate for severely unwell complex patients and relies on volunteers and local

authority funding, resulting in limited budgets and capacity (Drinkwater, Wildman, and Moffatt, 2019). A reliance on funding amongst private and voluntary resources can cause geographical disparities, contributing to health inequalities rather than preventing them as intended (McFarland and MacDonald, 2019; Okpako et al., 2023). Patients from socio-economically deprived backgrounds participate less in self management strategies, causing barriers for DNs promoting the strategy and contributing to health inequalities further (The Kings Fund, 2021, Okpako et al., 2023). Partnership working, education and continued professional development specific to health inequalities is essential to identify inequalities and become a patient advocate for equal opportunities (McFarland and MacDonald, 2019).

Technology and Self-management

Technology is an NHS priority to improve access to health information, deliver peer support and empower patients to use digital tools to manage LTCs (NHS, 2019, 2023b). Monitoring devices, virtual appointments and the NHS app are amongst many innovative tools created to support self-management and independence, in-turn reducing hospital admissions (NHS, 2019; NHS, 2023a). Self-management technologies including smart glucometers, insulin pens, dialysis machines and voice reminders can support individuals with diabetes, chronic kidney disease and dementia to live independent lives (Moody et al., 2022). Through the use of 'Telehealth' technology, health professionals can remotely monitor patients to improve safety whilst reducing visits (Gajarawala and Pelkowski, 2021). During COVID-19 DN teams used 'Attend Anywhere' to carry out video or audio assessments which decreased DN visits, avoided hospital admissions and reduced cost (Grindle, 2021). Technology benefits patients and DN teams to deliver accessible and often immediate support for patients to manage their LTCs at home (Moody et al., 2022). Conversely, the QNI

(2023) found the use of virtual wards, 'Telehealth' and remote consultations post COVID-19 were the least used forms of technology by DNs. Poor engagement was cited secondary to technical issues, reduced efficiency and DNs perceiving technology as impersonal and a barrier for patient contact (QNI, 2023). This poor response undermines technological progress made and suggests a need to engage DNs in technology developments (QNI, 2023). It is therefore essential that DN leaders encourage staff to maximise resources and productivity, to enhance quality of care (NMC, 2022).

Moody et al. (2022) suggest technology enabling self-management is also underutilised by patients, resulting in poor LTC management, reduced quality of life and complications. This can cause financial strain due to wasted equipment and increased treatment costs (Moody et al., 2022). Iglesias Urrutia et al. (2022) agrees, reporting some patients do not utilise monitoring devices, preferring professionals to carry out tasks for them, favouring face-to-face consultations. Equally, the reliability of self-monitoring due to gender, age, health literacy and education may produce inaccurate results, effecting the patients experience and ability to use technology to manage their LTCs (Reychav et al., 2019). Moody et al. (2022) found despite technology benefiting elderly patients to self-manage, lack of digital education, poor dexterity, and cognition alongside lack of motivation to seek alternatives prevented uptake. Therefore, it is significant for healthcare professionals and patients to have the correct support at implementation of technology (Fotteler et al., 2023) During holistic assessments DNs can consider family or carer involvement to instigate and facilitate use of technology as this may be a significant motivator for the patient (Moody et al., 2022). Developing therapeutic relationships to instil professional trust is important for elderly patients and their families, which can be critical to them accepting the technology (Day, Gould and Hazelby, 2017; Moody et al., 2022). Enhancing DNs' knowledge of technology will enable them to personalise information specific to patient

need and prevent them feeling overwhelmed, thereby helping to achieve digital goals (NHS, 2019; Moody et al., 2022).

The increase in technological delivered healthcare and strive for self-management creates disparities for other groups who cannot access digital services, perpetuating health inequalities (The Kings Fund, 2023). The Kings Fund (2021) reported 1 in 10 people cannot access the internet and digital exclusion impacts individuals with disabilities, of ethnic minority, with lower socio-economic backgrounds and traveller communities or homeless contributing to poorer care. Additionally, patients with lower socio-economic status were less likely to engage in health technologies even if available to them and NHS policy must recognise this as a barrier to adjust approaches accordingly (The Kings Fund, 2021). The NHS (2023c) digital inclusion framework highlights digital exclusion and the support available from voluntary organisations for free devices, data, and discounted internet. NHS (2023a) have established investment in its Adult Social Care Technology Fund 2023/2024 to enable access to remote monitoring for patients with LTC's in their own homes. However, patients may not be aware of the support available, therefore DNs must have cultural competence and an awareness of health determinants to advocate for patients by signposting thus improving their access to care (NMC, 2022).

Conclusion

The requirement for self-management is progressively evident due to the increased prevalence of LTCs, the aging population and social deprivation. The current NHS burden is unsustainable and depends upon patients, carers and families taking responsibility for their future health. Assumed responsibility during COVID-19 has proven this is possible and DNs can utilise a myriad of skills and strategies to continue this momentum. However, individuals ultimately influence choices made and there are

many barriers for patients and healthcare professionals alike when accessing the appropriate skills, knowledge, and strategies to promote self-care and empower selfmanagement. Recommendations for practice are that investments are made to implement self-management educational strategies for DNs, patients and carers. Shared decision making and individualised care is essential in strategic development to mitigate risks, ensure suitability of methods to promote sustainability of future practices.

CPD

Critically reflect on your own personal learning needs in relation to self-care and self-management.

Explore what barriers have prevented you from promoting self-management for patients with long term conditions.

Identify appropriate learning opportunities and resources to support selfmanagement from an individual and team perspective.

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