Nurses' perspectives concerning caring for and improving self-management in patients with COPD who are repeatedly admitted to a pulmonary ward

A Qualitative Descriptive Study

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Introduction

COPD is a public health problem. It is becoming a major cause of death worldwide(1). There are about 210 million people with COPD worldwide, and 44 million live in Europe(2). COPD has several causes, like airway hyper responsiveness (AHR), allergens, viral infections and pollutants, such as smoking(3,4). One of the main causes is smoking(4).

"Chronic obstructive pulmonary disease (COPD) is a lung disease characterized by chronic obstruction of lung airflow that interferes with normal breathing and is not fully reversible. COPD is not simply a "smoker's cough" but an under-diagnosed, life-threatening lung disease"(5).

Dealing with COPD and its treatment places extensive behavioral demands on patients, e.g. the need for precisely timed daily medication, regular physical exercise, visiting health care providers and monitoring(6). COPD can change on a daily basis and patients can have recurring exacerbations(7) with symptoms such as coughing, dyspnea, and sputum production(8). Severe exacerbations can result in hospital admission.

COPD can be divided in subclassifications; mild, moderate, severe and very severe disease, according to the Global Initiative for Chronic Obstructive Lung Disease (GOLD)(9). The number of people with (severe) COPD is growing(1-4). This means that nurses on a pulmonary ward are increasingly faced with patients who are admitted with an exacerbation of their COPD. Some patients with COPD are repeatedly admitted to a pulmonary ward(10,11). However, self-management can contribute to maintain a stable COPD without recurrent exacerbations and hospital admissions(12).

Self-management is a health strategy that challenges people to be aware of their own responsibility in making the right choices and decisions(12). Self-management of COPD is defined as effective behavior, based on sufficient knowledge about COPD and its provoking factors, adequate coping behavior, compliance with inhaled medication, an adequate technique of inhaling and attention to changes in the severity of the disease(12,13). Self-management always includes a partnership with a healthcare professional providing a supportive role(14).

From a practice on a pulmonary ward, it becomes clear that patients who are repeatedly admitted, find it hard to achieve self-management. This is one of the reasons that some patients are repeatedly admitted despite the care and guidance they had during earlier admissions.

During their stay on a pulmonary ward, there is intensive contact between the nurse and the patient. The care nurses give to the patient consists of daily care, guiding and motivating the patient to change their lifestyle, giving education about COPD and helping them to adapt to a fairly normal lifestyle(15). This is all part of guiding the patient in achieving self-management and giving the patient enough tools and knowledge, to maintain the self-management at home.

Nurses try to help patients to achieve self-management and give them education(16,17). However, it can be difficult for nurses to see how some patients they have cared for with dedication and guidance, are readmitted within a few weeks or even days. Consequently this can revive feelings of despondency and/or meaninglessness. Research shows that in nurses who care for self-harm patients, negative emotions play a rather large role in the effort nurses have to get a good nurse-patient relationship and in their support to these patients(18,19). It is plausible that these feelings are comparable to nurses who care for patients with COPD. Both groups are (partly) responsible for their own behavior. This is supported by practice which shows that on pulmonary wards nurses have trouble dealing with patients with COPD. They become irritated when a patients is re-admitted with an exacerbation for the fourth time in two months. Some nurses say: “Why am I doing this, what is the point of my care to this patient?”

However, research about how nurses experience caring for COPD patients who have problems achieving self-management is scarce.

Problem statement

It is not known how nurses stay motivated in and what nurses’ perspectives are concerning caring for and improving self-management in patients with COPD who are repeatedly admitted to a hospital.

Aim

Knowledge about the perspectives of nurses may help to develop a professional training which can help nurses to stay motivated in caring for and improving self-management in patients with COPD who are repeatedly admitted to a pulmonary ward.

Research question

What are the perspectives of nurses concerning caring for and improving self-management in patients with COPD who are repeatedly admitted to a pulmonary ward?

Method

A qualitative, descriptive research approach was chosen in order to describe, interpret and understand social phenomena (like giving care to patients with COPD who are repeatedly admitted to a pulmonary ward) as perceived by individuals, groups and cultures(20). This type of research provides space for an open approach to explore nurses' perspectives and motivation.

Sample

The respondent group consisted of nurses working on a pulmonary ward who give care to patients with COPD who are repeatedly admitted. To select participants who were most informative about the subject a purposeful sample (n=58) from two pulmonary wards of two general hospitals in the East of The Netherlands was used(20). The following in- and exclusion criteria were drawn. Inclusion criteria; registered nurses who work in a hospital on a pulmonary ward for at least two years in a row and deliver care to patients with COPD who are repeatedly admitted to a pulmonary ward. Exclusion criteria; nurses who only work night shifts (the contact between the nurse and the patient is rather different because the patient is considered to be asleep during the night), or work less than sixteen hours per week (the contact is not as intensive as between a patient and a nurse who works 36 hours per week, so the experiences can differ, therefore a boundary of sixteen hours was taken).

In qualitative research, the sample size depends on the homogeneity of the sample. Because the population consisted only of nurses from a pulmonary ward, a sample size around twelve was intended(21). The head nurses of the pulmonary wards were approached to cooperate in the study. The researcher(LM) sent a signed mail with an information letter about the study to the head nurses whom forwarded the mail to the 51 nurses meeting the inclusion criteria.

Data collection

To obtain information about the perspectives of nurses, semi-structured interviews were held, because this provides space to show the nurses' perspectives. The participating nurses received a second mail with an informed consent and a short socio-demographic questionnaire to be returned to the researcher. An arrangement was made per telephone or mail. Each nurse was interviewed once at her own department with only the researcher and the nurse present.

A thematic interview guide was developed to focus the participants' perspectives. Data collection and analysis were simultaneously undertaken. After three interviews new

topics emerged and the topic list was adjusted in order to obtain further information about these topics. **Table 1; Topic list.**

Field notes were taken during the interviews. Each interview was audio taped and transcribed verbatim, thoroughly read and summarised to grasp an overall understanding of the participants' experiences. The transcripts were not returned to the participant.

Data analysis

Thematic content analysis was used to make inferences about the perspectives and motives of nurses(22,23). The interviews were analysed using NVivo 7.0 which is supportive in managing the data and coding process(24). The process of data analysis consisted of three phases. In the first phase descriptive themes emerged from the first interviews. Meaning units were identified and condensed by preserving the meaning of the participants' core expressions. Common codes were created through a continuous comparison of all interviews, starting by the first interview, going to the second, the third and so on and were interpreted within the context of each interview. Codes were clustered within content areas and further abstracted into themes through their interpreted joint meaning. Four themes emerged after the first phase; Perspectives, Feelings, Motivation and Self-management. In the second phase these themes were deepened through creating subthemes and examining the underlying assumptions, ideas and conceptualizations(23). In the third phase the themes were confirmed and, in spite of repeated analysis, no new data emerged after nine interviews which was also a sign of theoretical saturation(20,25).

Trustworthiness

To achieve trustworthiness the researcher emphasized credibility and dependability(20). The interviewer placed emphasis on openness, rich descriptions and in-depth understanding by active listening, and by asking follow-up questions to gain a deeper understanding of the participants' main experiences and perspectives. To strengthen dependability, the participants' main experiences and perspectives during the first interviews were further focused upon in the rest of the interviews, a process that enabled data saturation(20).

To obtain confirmability in the study, self-reflexivity was pursued through reflecting on the research process(20). An independent researcher (FB) was asked to analyse and code the first interview, to ensure intercoder agreement(26). Each code and theme was linked with the meaning of the overall text during analysis to prevent de-contextualising. To facilitate transferability, comprehensive field notes were taken(21) and the themes were illustrated with quotations.

Ethical considerations

The study was conducted according to the principles of the Declaration of Helsinki, Version Seoul, October 2008(27) and in accordance with the Medical Research Involving Human Subjects Act (WMO). Approval of the Regional Ethics Committee was not necessary according WMO.

Results

Fifty-eight nurses were assessed for eligibility. Seven did not meet the inclusion criteria. Fifty-one nurses were approached for participation, 36 declined to participate. Reasons for not participating were; not feeling like it, not having the time or unknown. Fifteen nurses agreed to participate; three dropped out, because of the heavy workload (n=2) or because of quitting their job (n=1). Twelve nurses were eventually interviewed. **Figure 1: Flow-chart.**

Three males and nine females (six from each pulmonary ward), aged 20–60, participated. The sample showed variation concerning years of work experience (six-37), years of work experience on a pulmonary ward (four-24) and education level. Each interview lasted between 21-43 minutes. **Table 2: Characteristics.**

The analysis of the data led to the distinguish of three main themes concerning caring for and improving self-management in COPD patients, namely; perspectives, feelings and motivation. First self-management will be presented, where after the main themes, which influence self-management, will follow.

Self-management

Nurses define self-management generally as a way for the patient to manage his disease and take actions to control exacerbations. Some nurses did not know what self-management means.

'Self-management... In fact I do not think of anything, I don't use this term, I don't know what you have to mean by that…'(J)

After an explanation from the researcher they agreed with the definition but stayed to the fact that they didn't do much to guide the patients in improving self-management or it was more to the nurse practitioner to give information about self-management.

'On the ward, you do not notice much of that..' (A)
'I think they will learn more at the nurse practitioner' (D)

Nurses also experience that to understand the rules of self-management, e.g. inhalation instructions, the patient has to have a certain intelligence quotient (IQ) which they didn't see in most of the patients who are admitted to their ward.

"Their IQ is... somewhat lower than average and therefore they do need a bit more guidance'. (A)
'And they all don't get it'. (D)

Nurses who reported that they didn't do much to improve self-management were included in the following main themes, because in practice, they do give inhalation

instruction, information about COPD and learn the patients how to deal with the disease, they are just not aware that it is called self-management.

Perspectives

Nurses have different perspectives of patients with COPD who are repeatedly admitted to a pulmonary ward. They see them as people who follow their own rules strictly and need regularity.

'It is a category of people who are keen to hold on to their own rituals.... Yes they are very structured, they want that to be'. (G)

Nurses also feel that it is very hard to achieve self-management in these patients because of their low learning competencies.

'You can give them courses or something, but if you don't have the intelligence, you don't have the intelligence'. (D)
'My experience is that on the ward, especially the patients who are frequently admitted, the patients have a lack of self-management, you try to support them in when they need to call a doctor, what they can do or have to do, but… apparently… it is just not landing in'. (C)

The perspectives of nurses appears to be influenced by feelings and motivation experienced by nurses in guiding COPD patients.

Feelings

Feelings of nurses was a predominant concept, which was described in more than one-third of the statements. There were different kinds of feelings described, from powerlessness and frustrations to feeling sorry for the patient.

'Yes…. It costs a lot of energy but eventually... I won't be angry or something.. I think it's a pity. For the patient self.' (G)

An important aspect in dealing with these feelings was talking to colleagues and monitoring their professionalism.

'Yes.. Talking with colleagues.. yes, just.. indeed, that sucks.. And of course I do sulk sometimes. I think, my god I've explained that so many times! And.. yes I think with colleagues that you can.. ventilate your feelings. And they recognize these feelings of course'. (F)

Nurses experienced especially feelings of frustration and anger when a patient didn't want to achieve the self-management the nurses think is so good.

Motivation

In the process of identifying the nurses' motivations, two overall motivations emerged: intrinsic and extrinsic motivations. In the analysis most interviews seemed to include both.

Intrinsic

Nurses indicate that in caring for and improving self-management in patients with COPD they are mainly motivated by themselves. If they know that they've done everything they could, they don't have to blame themselves if it goes wrong with the patient. This is a strong motivation in giving the care and guidance which patients need.

'You come to the conclusion, we can do everything we can do now.. yes and if… Mrs. J of Mr. J or whoever goes home again.. and there, despite every help from a general practitioner or.. Yes whoever you enable.. by some patients.. Yes you just know that… it won't change'. (F)

Extrinsic

The findings also present that talking to colleagues helps nurses to get motivated again when they experience feelings like frustration and powerlessness.

'Then you have a seat and start to sulk a little bit and then you drink your cup of coffee and then you stop sulking (…) Yes, a clean slate, you come back with a cheerful face'. (B)

Nurses indicate that they become demotivated by peripheral issues and regulations regarding the care. It is a trend to shorten the time a patient is actually admitted to a hospital.

'It all has to go quicker and quicker, that's the whole trend!' (H)
'Yes… well.. you see, they go home Monday and Wednesday you have them back again!' (H)

Another issue that causes demotivation of the nurses is that patients themselves have trouble achieving self-management. It is frustrating for the nurses to see that a patient is still smoking and not trying to stop that.

'It is.. Yes sometimes it is very hard to stay motivated when somebody… you have to keep explaining and yet.. just obstinacy, not wanting to listen, yes.. Does not want to achieve the self-management which you would like him to have.' (C)

It also works the other way, when a patient is working hard to achieve self-management it motivates the nurses to do a little more for this patient.

'Than I think, oh I have to stimulate that! These patients I am willing to do something extra for'. (B)

Figure 2; Improving self-management.

Discussion

This study shows that nurses indeed are influenced by feelings, perspectives and their motivation in improving self-management in patients with COPD. Nurses indicated that they experience different feelings when they take care of patients with COPD who have trouble achieving self-management. These feelings go from powerlessness and despondency to feeling sorry for the patient. The perspectives of nurses show that they feel that patients who are repeatedly admitted have low learning competencies, which makes it hard to achieve self-management. Most of the nurses mentioned that to understand the rules of self-management, e.g. inhalation instructions, the patient has to have a certain level of intelligence which they did not see in most of the patients who are admitted. They think that, besides their motivation and feelings, the low learning competencies of patients with COPD is part of the problem which nurses experience in guiding patients in improving self-management.

Remarkably, nurses are often unaware of their role in self-management. They mentioned that self-management is not a big part of the care they give. This contradicts the fact that in practice, they do give inhalation instruction, information about COPD and learn the patients how to deal with the disease. This is all part of self-management(12,17). There was no literature found which supported the unfamiliarity with self-management among nurses. Perhaps the issue is more whether self-management is enough integrated among registered nurses working in (general) hospitals. But that is outside the scope of this study.

Nurses also see guiding in improving self-management is a task for the nurse practitioner. This is in line with practice where most COPD patients go to an outpatient nurse practitioner for information about COPD and how to achieve self-management. Achieving self-management in patients with COPD is often problematic(6,12,17). Literature shows that the addictive behavior and habits of patients who smoke for years and years are hard to affect(12,28). This behavior and habits can lead to a patient who is less motivated to achieve self-management(17). Less motivated patients influence the motivation of nurses to guide patients in improving self-management. Nurses indicate that when a patient finds it hard to achieve self-management and e.g. is not willing to quit smoking, the nurse herself is not motivated to guide the patient in improving self-management.

According to Zakrisson(29) nurses need increased knowledge on promoting the learning of others in lifestyle changes. One model for managing patient education is the Transtheoretical Model (TTM)(30,31) which is frequently used in primary health care internationally for people who have to change lifestyle behaviors. In addition there must be space for the nurses' own barriers like feelings of despondency and/or meaninglessness in

guiding patients in improving self-management which can be done e.g. trough reflecting on their own feelings and motivations and how to deal with them.

Feelings of frustrations and powerlessness are experienced when a patient does not meet the rules of self-management like smoking cessation or does not follow the inhalation instructions. This is in line with earlier research(16,29,32). Nurses deal with these feelings by talking to colleagues. Receiving support from colleagues results in a feeling of security, which enables the development of patient education(29).

Although this is a small study, the results are established carefully. The participants were employees of two local general hospitals in the East of the Netherlands. Therefore, there is less variation in the sampling and the generalisability of the study is limited. However, it is not known in what degree this sample differs from a more national oriented study with nurses from pulmonary wards throughout the Netherlands. There are two pulmonary wards in the hospital where the first author works and by not taking the ward where she works, the access was easy, but there was no interests entanglement. The first authors' previous understanding of the subject, gained through working at a pulmonary ward for two years, may have influenced the dependability of the study. However, by taking field notes, writing memos and reflecting on the research process, self-reflexivity was pursued so bias was minimized and dependability was strengthened. A positive feature of this study is the saturation which was reached after nine interviews.

Conclusion

This study shows that nurses are influenced by their perspectives, feelings and motivation in caring for and improving self-management in patients with COPD who are repeatedly admitted. Nurses feel that patients with COPD who are repeatedly admitted have low learning competencies, which makes it hard to improve self-management. Some nurses are not aware of the fact that they have a role in improving self-management.

Moreover, nurses' motivations are influenced by patients, patients motivation, colleagues and their own perspectives. Nurses experience feelings of frustration and powerlessness or feel pity for a patient who is admitted frequently. These feelings are a barrier in guiding the patient in improving self-management.

Recommendations

Guiding patients with COPD in improving self-management in a clinical setting can be more effective if nurses are aware of the fact that they have a crucial role in this. This study shows that a substantial part of the nurses didn't know the meaning of self-management. It can be important to investigate whether self-management is enough integrated among registered nurses working in (general) hospitals.

To improve the care nurses give to patients with COPD in achieving self-management, a clinical professional training, like TTM(31) can be developed. In this study, barriers in improving self-management, like nurses' feelings and perspectives, are made visible and these should be taken into account when a training is developed.

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Tables

Table 1; A thematic interview guide to focus the participants' perspectives.

Opening question
Are there repeatedly admissions of patients with COPD with an exacerbation on your pulmonary ward?
Experiences
• What experiences do you have with patients with COPD who are repeatedly admitted to a pulmonary ward? • How do you take care for a new patient with COPD who is admitted for the first time? • How do you take care for a patient with COPD who is re-admitted quickly? • And if a patient comes for the third, fourth, fifth time and so on?
Self-management
• What do you mean by the term self-management? • How do you support patients in achieving self-management?
Perspectives
• How do you see a patient who is discharged from the ward and is then re-admitted with an exacerbation? • How do you see patients who struggle with achieving self-management?
Motivation
• What do you notice in yourself when you have to take care for a patient who is frequently admitted? • How do you deal with that? (Coping) • Do you notice differences in yourself while caring for patients who are frequently admitted compared to patients who come once in a while? • How do you deal with that? • What do you do to stay motivated in the care for COPD patients?

Table 2: Characteristics of interviewed nurses

Participant	Gender	Highest level of education	Years of work experience	Years of work experience at a pulmonary ward	Interview duration in minutes
A	M	U *	9	5	32
B	F	U *	16	8	23
C	F	U *	15	11	41
D	F	VT °	30	10	30
E	F	U *	16	8	36
F	F	VT °	12.5	12.5	36
G	F	VT °	6	4	24
H	F	U *	?	24	32
I	F	VT °	7	7	29
J	M	VT °	37	4	21
K	M	U *	32	15	43
L	F	VT °	12.5	9	27

* U = University (In Dutch: HBO (Hoger Beroeps Onderwijs) Niveau 5)

°VT = Vocational training (In Dutch: MBO (Middelbaar Beroeps Onderwijs) Niveau 4)

Figures

Figure 1: Participant flow-chart

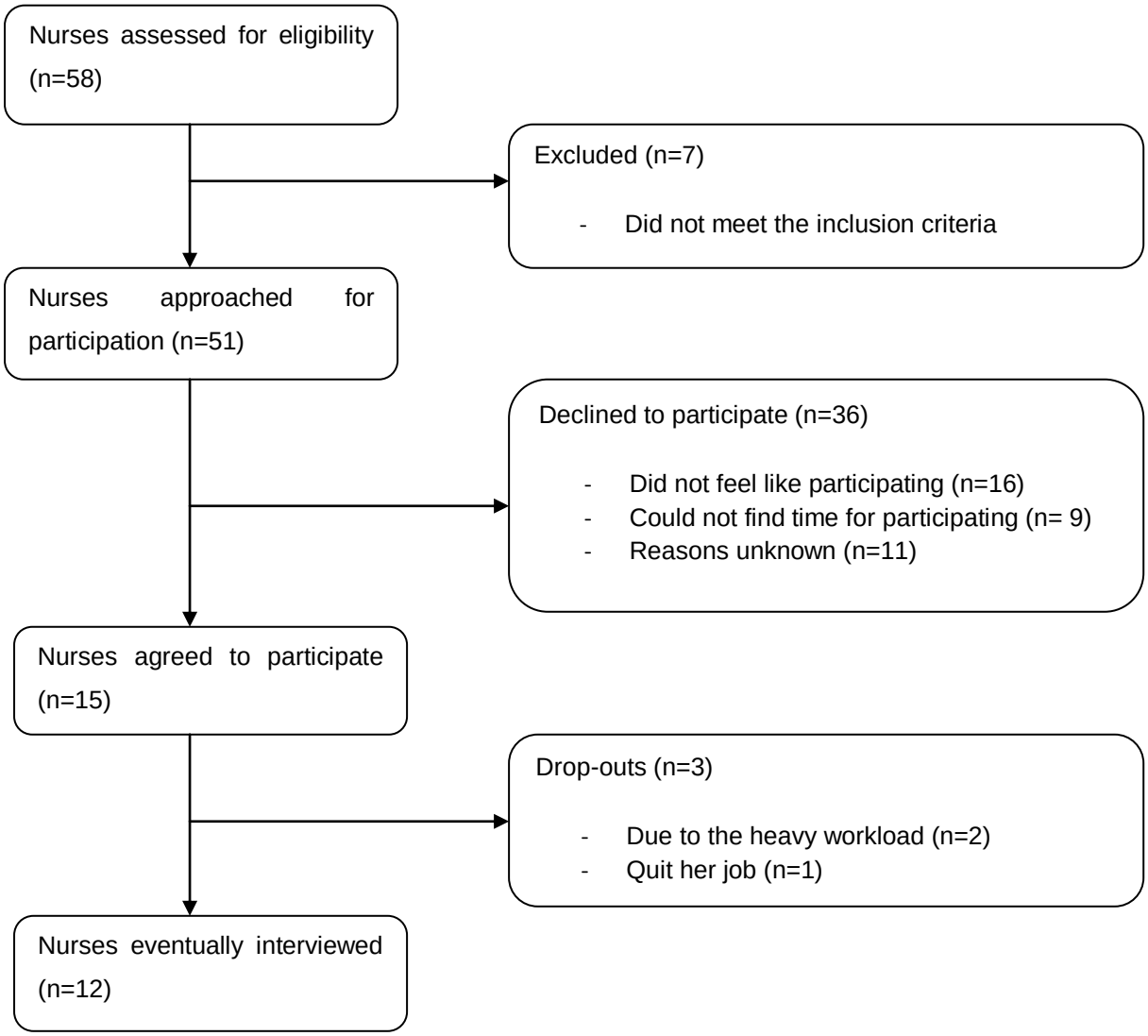
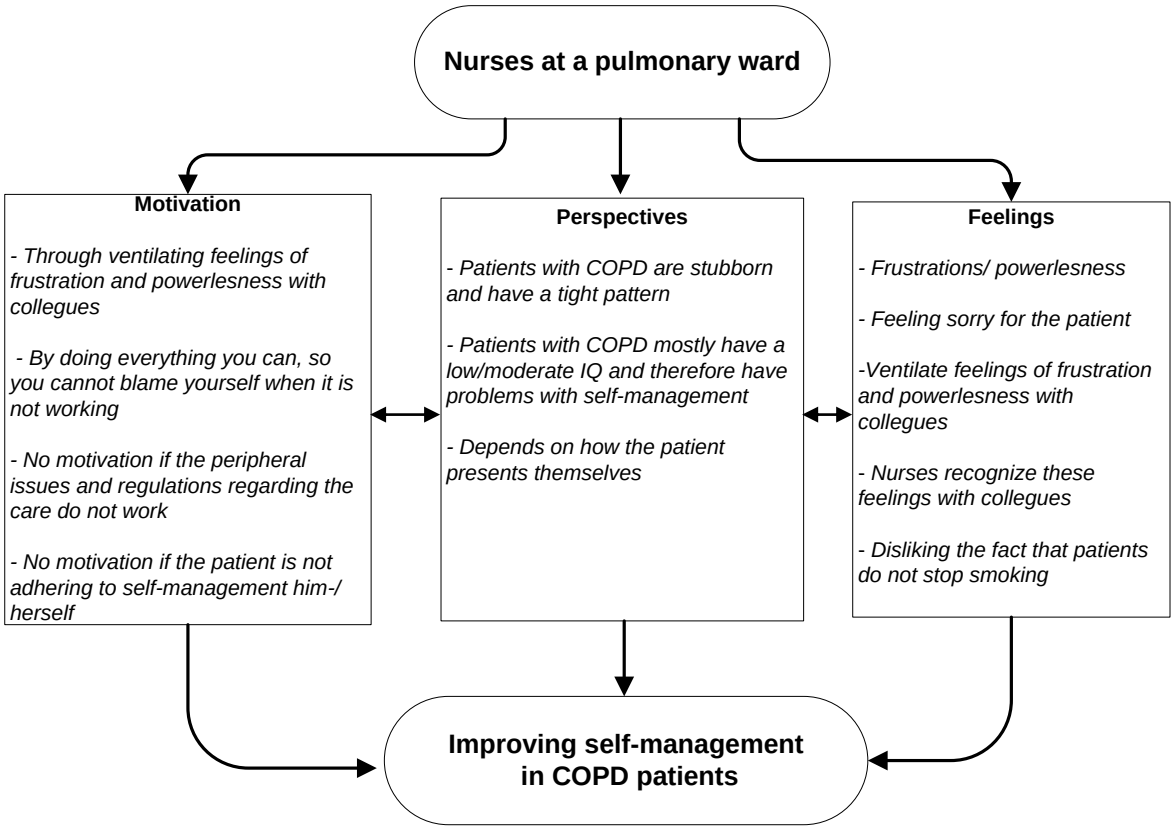


Figure 2: Improving self-management in COPD patients by nurses is influenced by several themes



Dutch Summary

Titel; Perspectieven van verpleegkundigen met betrekking tot het zorgen voor en het verbeteren van zelfmanagement bij COPD patiënten die herhaaldelijk op een longafdeling worden opgenomen.

Inleiding; Chronic Obstructive Pulmonary Disease (COPD) is een maatschappelijk gezondheidsprobleem. COPD kan dagelijks veranderen en patiënten kunnen terugkerende exacerbaties hebben. Ernstige exacerbaties veroorzaken ziekenhuisopnames. O.a. door zelfmanagement kunnen patiënten ernst/lengte van de exacerbatie beperken. Niet alle patiënten zijn in staat om adequaat zelfmanagement te bereiken. Dit kan heropnames veroorzaken waarbij verpleegkundigen moeite kunnen hebben met hun gevoelens. Verpleegkundigen moeten voldoende motivatie vinden om de patiënt goede zorg en begeleiding te geven. Er is weinig bekend hoe verpleegkundigen zorgen voor en hoe ze gemotiveerd blijven in hun zorg voor COPD-patiënten die herhaaldelijk worden opgenomen in een ziekenhuis.

Doel en onderzoeksvraag; Inzicht verkrijgen in de perspectieven van verpleegkundigen ten aanzien van de zorg voor en het verbeteren van zelfmanagement in COPD-patiënten die herhaaldelijk worden opgenomen op een longafdeling in een ziekenhuis.

Methode; Een kwalitatief beschrijvend onderzoek. Participanten kwamen uit een doelgerichte steekproef van 58 verpleegkundigen, werkzaam in twee algemene ziekenhuizen op twee longafdelingen. Semigestructureerde interviews werden gehouden. Thematische inhoudsanalyse werd gebruikt om conclusies te trekken over de perspectieven.

Resultaten; Twaalf verpleegkundigen zijn geïnterviewd. Tijdens de analyse kwamen drie hoofdthema's naar boven; perspectieven, gevoelens en motivatie. Deze thema's beïnvloeden de zorg die verpleegkundigen geven aan en het verbeteren van zelfmanagement bij COPD-patiënten.

Conclusie; De zorg van verpleegkundigen voor en het verbeteren van zelfmanagement in COPD-patiënten wordt beïnvloed door hun perspectieven; bv. patiënten hebben lage leercompetenties, gevoelens; bv. machteloosheid en frustratie en hun motivaties.

Aanbevelingen; Barrières, zoals gevoelens van frustratie en niet de motivatie hebben om zelfmanagement te verbeteren, zijn zichtbaar gemaakt en hiermee dient rekening gehouden te worden wanneer er een training wordt ontwikkeld om de zorg van verpleegkundigen voor COPD-patiënten te verbeteren.

Trefwoorden; Verpleegkundige, Perspectieven, Zelfmanagement, COPD

English Abstract

Title; Nurses' perspectives concerning caring for and improving self-management in patients with COPD who are repeatedly admitted to a pulmonary ward.

Background; Chronic Obstructive Pulmonary Disease (COPD) is a public health problem. COPD can change on a daily basis, patients can have recurring exacerbations and severe exacerbations results in hospital admission. By administering self-management patients can minimize the severity and/or length of the exacerbation. Unfortunately, many COPD patients find it hard to achieve self-management. This can cause re-admission. Nurses may struggle with their feelings when patients are re-admitted. They might be less motivated to care for and guide these patients. However, little is known about the care that nurses provide and how they stay motivated to treat COPD patients who are repeatedly admitted to a hospital.

Aim and research question; Collect information about nurses' perspectives concerning caring for and improving self-management in patients with COPD who are repeatedly admitted to a pulmonary ward.

Method; A qualitative descriptive study. Participants came from a purposeful sample of 58 nurses, working in two general hospitals, on two pulmonary wards. Semi-structured interviews were held. Thematic content analysis was used to make inferences about the perspectives.

Results; Twelve nurses were interviewed. During the analysis three main themes emerged; perspectives, feelings and motivation. These main themes influence the care nurses give to and the guiding in improving self-management in patients with COPD.

Conclusion; Nurses' care for and improving self-management in patients with COPD is influenced by their perspectives, e.g. patients have low learning competencies, feelings, e.g. powerlessness and frustration, and their motivations.

Recommendations; Barriers, like feeling frustration and not having the motivation to improve self-management, are made visible and these barriers should be taken into account when a training is developed to improve the care nurses give to patients with COPD.

Keywords; Nurse, Perspectives, Self-management, COPD