

POSTER ABSTRACT**Integrated self-management support of persons with physical chronic diseases and common mental disorders by primary care nurses: A scoping review**

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Introduction

Chronic diseases (CD) and common mental disorders (CMD), increasingly prevalent in primary care, account for a large amount of mortality and morbidity worldwide. Self-management support constitutes an important task for nurses in disease management but remains mainly disease-specific. Persons with CD and CMD requires an integrated approach, but little is known about integrated self-management support (SMS) by primary care nurses.

The aim of this review was to identify SMS interventions by primary care nurses for persons with CD and CMD. The objectives were to: 1) identify the integrated and non-integrated SMS interventions; and 2) to identify characteristics of both kind of interventions.

Theory/methods

A scoping review was conducted using Arksey and O'Malley's method (5), in CINAHL, MEDLINE, PsychINFO, Scopus, and Emcare databases without time limit. The concepts searched were self-management support, primary care and nurse. To be included, French or English studies had to: include a SMS intervention by primary care nurses; and target adult (18yo and more) with at least 1 CD and 1 CMD simultaneously. Studies were excluded if: the patients only had CD or CMD; targeted specific populations (obstetrical, gynecological, oncological, with AIDS, with severe mental disorders, receiving homecare or palliative care). From 4241 eligible articles, 30 were included. The screening process was made by 2 authors. A deductive analysis was used using the definitions of clinical integration and person-focused care of Valentijn's rainbow model of integrated care for primary care (6) to determine which SMS interventions were integrated. A mixed thematic analysis was used to describe the main characteristics of integrated and non-integrated SMS interventions. A co-analysis was made by 2 authors.

Results

A total of 10 SMS intervention studies were analyzed. Five studies were considered integrated. Other studies had some clinical integration elements. Many characteristics were identified. Integrated SMS was meaningful, purposeful, and involved strong nurse-person relationships, active engagement and collaborative partnership. Non-integrated SMS treated CD and CMD separately and was highly protocolized.

Discussions

This review portrayed integrated SMS by identifying its characteristics. Better reporting of SMS interventions is needed, as well as the use of theoretical basis, and further qualitative research to explore nurse's experience to improve clinical integration.

Conclusions

Integrated SMS interventions involved strong relationship building, partnership, with an emphasis on a personalized and person-centered approach. Non-integrated SMS interventions tended to be highly protocolized. Though, more research on integrated SMS is needed.

Lessons learned

Many characteristics are needed to achieve an integrated SMS. Although structured interventions may lead to positive results, a highly protocolized approach may hinder clinical integration of SMS.

Limitations

Heterogeneity of SMS concept may have influenced the number of included studies. Analysis is based on a subjective interpretation of Valentijn's model. Limited description of SMS in studies may have influenced the results.

Suggestions for future research

Better reporting of SMS interventions and qualitative research exploring the perspective of nurses and patients regarding integrated SMS are needed.