Training staff to empower people with long term conditions to undertake self care activities

Self care aids independence but people need support to do it. A community matron team piloted a tool to help health workers improve the support they offer.

Self care activities enable patients, their families and carers to maintain and improve wellbeing and independence. Department of Health reports and public consultation exercises have shown that the majority believe self care is a positive concept that allows people with long term conditions to take control of their lives (DH, 2007a; 2006a; 2005a; 2005b; 2000).

The community matron service was introduced in 2005 across NHS South of Tyne and Wear, which covers Gateshead PCT, South Tyneside PCT and Sunderland Teaching PCT. It has developed over the last five years to offer a seven day service to patients, delivered by 52 community matrons.

Initial service developments focused on using care planning and case management strategies for people with multiple long term conditions who were considered to be high intensity service users. However, as the community matron role has developed and the nursing team has been able to focus on different aspects, such as the importance of palliative care skills (Bowler, 2008), self care has become an important aspect and significant area for development.

The community matrons have helped to develop and pilot an educational tool for staff, in partnership with NHS North East, Skills for Health and Skills for Care and NHS South of Tyne and Wear’s organisation and development team. The tool reminds staff of the importance of self care and guides them through many of the activities required to support people with long term conditions.

The project involved developing a simple e-learning tool on a self care model known as the Skills Tools Advice Networks and introducing it to nurses across the organisation to help improve the support given to those patients keen to regain control of their condition. The tool features promotional self care aids such as tape measures, drinking bottles and pedometers in order to raise awareness of self care activities.

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ABSTRACT Bowler M (2010) Training staff to empower people with long term conditions to undertake self care activities. Nursing Times; 106: 9, 14-16.

Self care can help people with long term conditions take control of their lives. However, their interest and ability to engage with it may fluctuate over the course of an illness and many need support to undertake self care activities. A team of community matrons in NHS South of Tyne and Wear helped to develop and pilot an e-learning tool for staff, to remind them of the importance of self care and give advice on ways to support patients. The tool has since been rolled out to all staff groups.

Practice points

- While information on its own is not enough to affect people’s behaviour, quality of life or clinical outcomes, there is good evidence that a better understanding of a long term condition can positively affect people’s understanding of their symptoms and long term health (Department of Health, 2006a). When they become central to discussions about their care, people feel more confident, independent and empowered (DH, 2007a).

- The role of the community matron is a unique and privileged one, where patients develop trusting relationships. These should be based on a partnership in care rather than an over-reliance on the professional.

- Nurses can direct patients to support and information and help them to feel more in control of their lives. This is only possible if health professionals keep up to date about new information and supporting literature.

Context

Self care is identified in The NHS Plan (DH, 2000) as one of the key building blocks for a person centred health service. The plan promoted the community matron role as a means of supporting and meeting the changing needs of people who have long term conditions.

Skills for Care and Skills for Health (2008) defined the concept of self care: “Self care includes both selfcare and selfmanagement. Self care is about individuals taking responsibility for their own health and wellbeing. Self management is about individuals making the most out of their lives by coping with difficulties and making the most of what they have. It includes managing and minimising the way conditions limit individuals’ lives as well as what they can do to feel happy and fulfilled to make the most of their lives despite the condition.”

While not all people want to be actively involved in managing their own condition,
for those who do, more support is needed from the professionals involved in their care. Pink (2005) identified that while people expect to work in partnership with health and social care professionals, professionals need to see their patients/clients as individuals. They need to understand patients, take time to listen to them and respect their values and goals. They must also ensure patients have access to the information they want and need.

Self-care studies also suggest that a major benefit of supporting self-care is that it could also help professionals use their own skills to best effect (DH, 2005c).

NHS South of Tyne and Wear has already incorporated self-care into its annual integrated audit cycle across all of its teams. The community matron team was invited to deepen and share its skills and experiences in this field by developing additional learning and supportive information.

LITERATURE REVIEW
Many policy drivers support and encourage the development of structured and systematic approaches to self-care and self-management. The DH emphasises the importance of supporting self-care, promoting wellbeing and community engagement, prevention, early intervention and developing and delivering services around individuals’ needs and in partnership with them (DH, 2006a; 2006b; 2005d; 2004).

The DH (2008) set out what reform will mean for social care services and clearly stated that: “This move is from the model of care where an individual receives the care determined by a professional, to one that has person-centred planning at its heart, with the individual firmly at the centre in identifying what is personally important to deliver his or her outcomes.”

More recently the DH (2009) published guidance to encourage health and social care professionals to discuss options for self-care, as well as the support and information available, with people with long term conditions. This national agenda is a main driver for developing self care and aims to ensure local services take a truly patient-focused approach.

Skills for Care and Skills for Health (2008) developed seven common core principles (Table 1) that act as the basis for self-care competencies. These principles provide a framework to support practice development and were used as an integral part of the educational materials developed in NHS South of Tyne and Wear.

AIM
This project aimed to assess the situation regarding self care activities across community matrons’ caseloads and to develop supportive learning materials to promote increased awareness across the team. The main objective was to develop a model that embeds self care principles into daily professional practice and to help adopt these across the organisation.

BENCHMARKING AUDITS
Annual audits of aspects of self care identified in The Essence of Care (DH, 2007b) found a high proportion of patients already involved in self care discussions with community matrons. This was further supported by individualised care plans, which identified self care assessment and patient ability to carry out self care activities.

This suggested that community matrons had made significant progress in engaging patients in self care, but more detailed analysis identified little consistency in how self care was assessed, recorded and evaluated. These appeared to be no standardised approach to supporting and implementing self care activities and no reassessment or re-evaluation of people’s willingness to self care.

Many factors influence participation in active self management of a condition, including time since diagnosis, severity of the disease, age, social support and level of education. Not all people want to or are able to self manage a long term condition and involvement is likely to fluctuate over time (Corben and Rosen, 2005).

This study identified three emerging themes about how service providers can support self management in the most effective way:

- The importance of good relationships between professionals and patients;
- The need for patients to have clear information about their condition and guidance on how to access that information;
- The need for flexibility in service provision to fit in with patients’ other commitments (Corben and Rosen, 2005).

Recent patient stories and satisfaction surveys (Bowler, 2009) identified the positive relationships that patients develop with community matrons. This gives community matrons a unique opportunity to be able to constantly change, review and support self management and self care programmes. This is important as patients’ attitudes to illness fluctuate as their condition continues to deteriorate over time.

LEARNING MATERIAL
I developed the e-learning tool with a community matron and the organisation and development project lead, after reviewing the literature and considering the seven core principles (Skills for Care and Skills for Health, 2008).

A cartoon character called STAN was introduced as a visual representative and case study of a patient with a long term condition. Using the Skills Tools Advice and Networks offered to him, STAN goes on to develop self care skills. A community matron helps with developing these skills, which are supported in a self management plan.

The learning material was produced by an external media company, which was able to incorporate our thoughts and ideas. It also

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**TABLE 1. COMMON CORE PRINCIPLES**

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
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<tbody>
<tr>
<td>Principle 1</td>
<td>Ensure people are able to make informed choices to manage their self care needs</td>
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<tr>
<td>Principle 2</td>
<td>Communicate effectively to enable people to assess their needs and develop and gain confidence to self care</td>
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<tr>
<td>Principle 3</td>
<td>Support and enable people to access appropriate information to manage their self care needs</td>
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<td>Principle 4</td>
<td>Support and enable people to develop skills in self care</td>
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<td>Principle 5</td>
<td>Support and enable people to use technology to support self care</td>
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<td>Principle 6</td>
<td>Advise people how to access support networks and participate in the planning, development and evaluation of services</td>
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<tr>
<td>Principle 7</td>
<td>Support and enable risk management and risk taking to maximise independence and choice</td>
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</tbody>
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practice changing practice

brought STAN to life through his patient journey through the care pathway, which provides learning links and advice for healthcare professionals. The content provides revision on the definition of self care, the purpose and benefits for patients and the different ways to support them.

Ordinary everyday tasks are identified to show how the simplest activities – such as self medicating (insulin injections, inhaled therapy), self monitoring (measuring blood pressure or weight), making an appointment (e.g. for therapy), self monitoring (measuring blood pressure or weight), making an appointment (e.g. for therapy), and taking exercise – can be defined as self care. The tool provides examples of how health professionals can support patients to self care in the areas of care planning, goal setting, self monitoring devices, patient education, training literature, home adaptations and peer support networks.

Four sections identify Skills, Tools, Advice and Networks and case studies show how these can be applied in practice. Local and national networking links and support groups are included to provide a directory of services and useful links to information for both professionals and patients.

The learning tool takes about an hour to complete through a web based system and includes an evaluation exercise in the form of a quiz to assess knowledge and provide evidence of learning. As this was a pilot project the tool is not available outside NHS South of Tyne and Wear.

EVALUATION

After it was developed, 31 community matrons tested the e-learning material and feedback was positive.

Two simple questionnaires were used to gather feedback, with the first focusing on the tool’s accessibility and the second on its content. These were distributed across the team once they had completed the programme and responses to the evaluation were anonymised.

Participants appeared to have little difficulty in accessing the training through the website and in completing the learning material in an hour. Although 82% said the quiz was relatively easy, they felt it was a useful reminder of the tools and techniques that knowledge was retained; a score of 90% was required as a positive pass on completing the training.

Fewer than half (45%) of the participants felt they had learnt something new but most acknowledged that this had been a good reminder of the tools and techniques they could use in practice. All participants said this would influence them to ensure that self care and self management was more clearly defined in care plans in the future.

A small documentation audit was carried out after community matrons had completed the training. These noted a more standardised approach to care planning and evaluation and reassessment, which suggested that practice had improved following the training.

After the CD learning tool was piloted in the community matron group it was rolled out across the organisation to all staff levels.

CONCLUSION

The DH (2006a) argued that for self care to be sustained, a change in perception is needed about the role of all those involved in supporting people with long term conditions. This includes not only recognising what motivates an individual to self care but also challenges health professionals’ beliefs and expectations about providing care, cure or support.

This project enabled the community matron team to consider how they empower patients to self care and whether there was evidence to support this. By being involved in developing, piloting and rolling out a new educational tool for staff, I believe the team could reflect on how to improve an already successful service and how to ensure the professional/patient relationship is one that is comprised of two experts sharing different knowledge and skills.

REFERENCES


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Nursing Times 9 March 2010 Vol 106 No 9 www.nursingtimes.net