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UK CLINICIANS' MOTIVATION TOWARDS USING SELF MANAGEMENT SUPPORT PRACTICES WHEN WORKING WITH PATIENTS WITH LONG TERM CONDITIONS

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To enable clinicians to support patients to self manage we need to identify the behavioral skills required, and **the personal** and **organisational** factors supporting their use:

Review show similar features of effective consultation skills derive from theories of behaviour change-(Social cognitive theory, Trans theoretical change, motivational interviewing):

Effective consultations' features:

- (1) Allow and encourage the patient to define their health problems and purpose of consultation
- (2) Explore options for dealing with these problems
- (3) Offer the patient choice and respect the choice when it is made;
- (4) The clinician retaining responsibility for technical knowledge but sharing the meaning and possible utility of that expertise with the patient

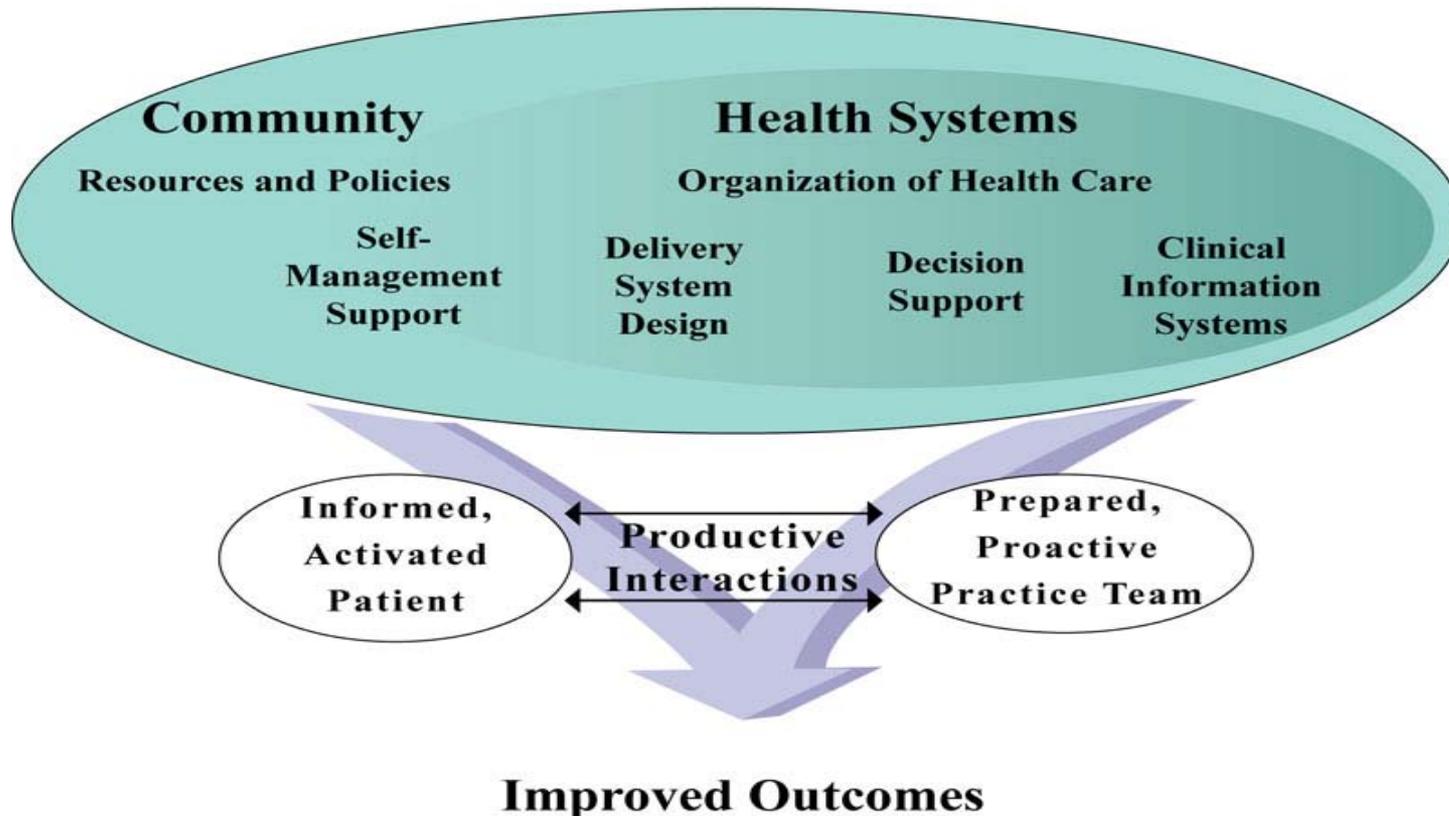
Behavior change processes for Long Term Conditions (Wagner et al, 2001):

- (1) Joint Agenda Setting
- (2) Problem Solving
- (3) Collaborative Goal Setting
- (4) Goal Follow Up

Chronic care model

The Health Foundation's Co-Creating Health (CCH) is aiming to demonstrate health Benefits for people with long term conditions through promoting self management by patients, supported by clinicians and their health services.

The Chronic Care Model



(Q1) What personal and organisational conditions motivate clinicians to support self management for long term conditions?

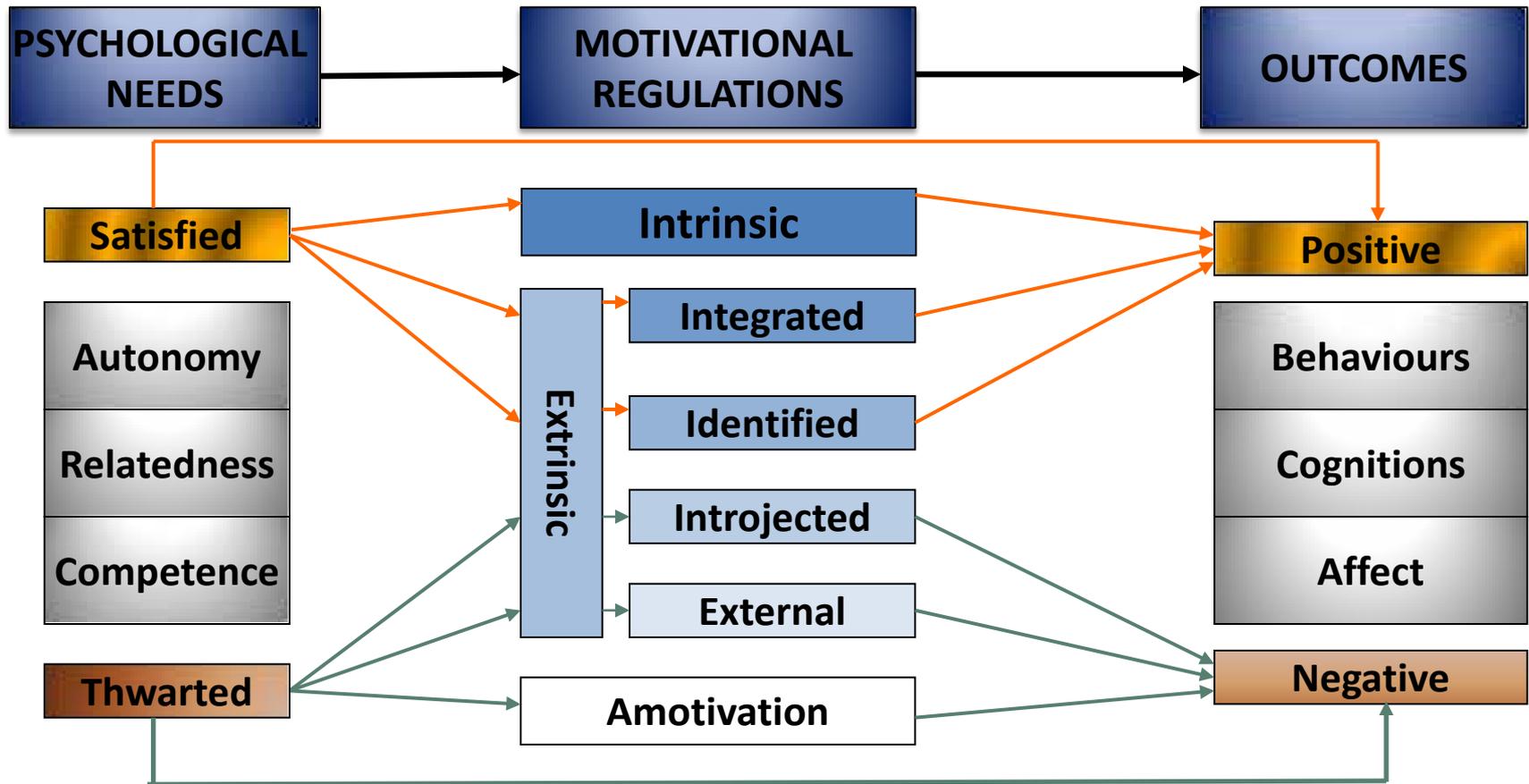
(Q2) How does motivation towards self management practice predict clinician's reported use of specific self management practices?

(Q3) What psychological factors predict the effectiveness of training in self management support practices?

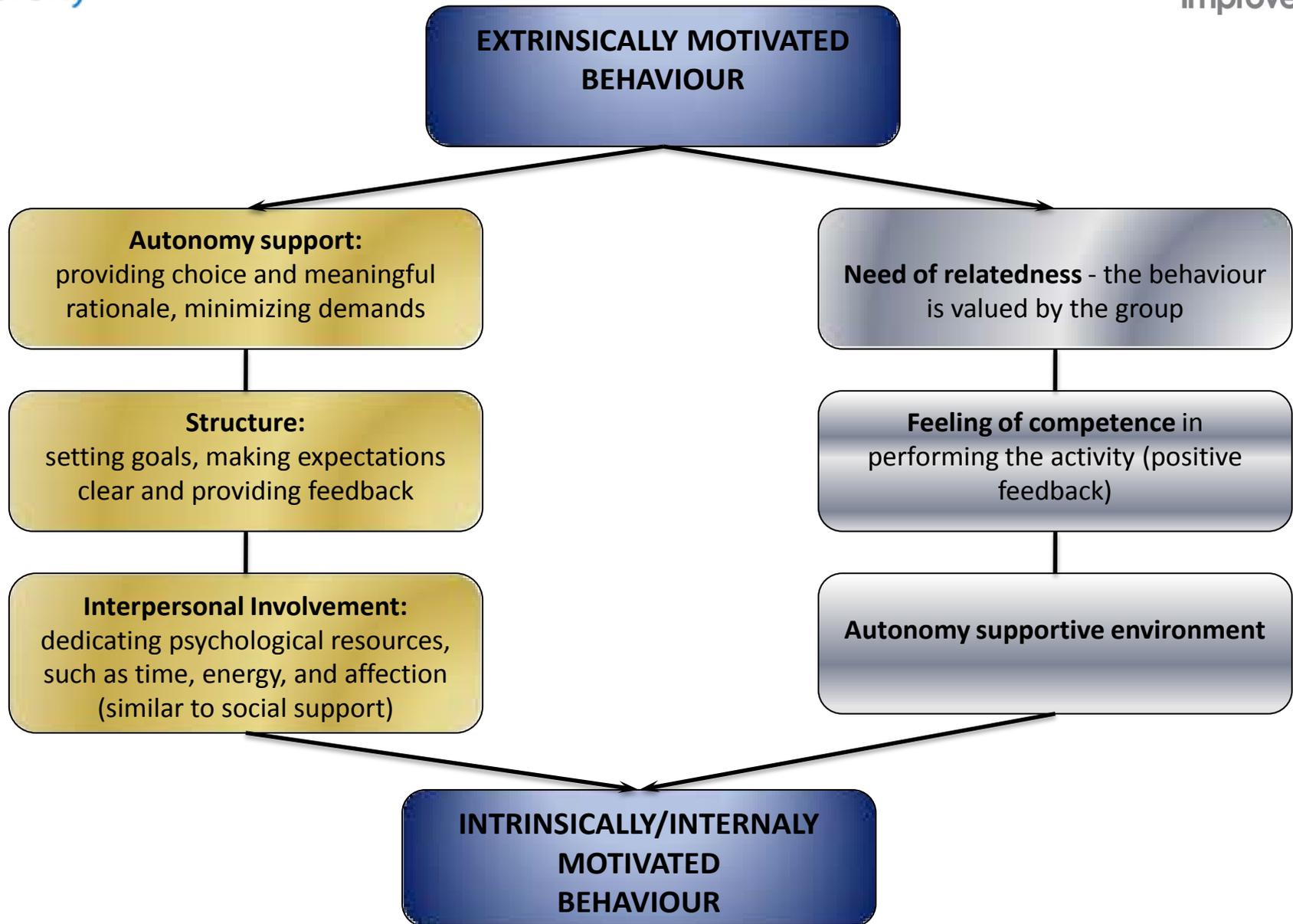
Theoretical model-Self Determination Theory (Ryan and Deci, 2000)

THE SELF DETERMINATION THEORY

(Deci & Ryan, 1985)



INTERNALISING BEHAVIOURS



Measures

Practices in Self Management Support questionnaire (PSMS):

self report measure , 25 items in 3 subscales: Clinical Self Management Support, Patient Centeredness and Organisation of Services to Support Self Management.

Basic Psychological Needs Scale: adapted from previous SDT research protocols; 8

Items regarding clinicians' competence in providing SMS, the reasons they provide SMS (autonomy scale), and the support they receive from their colleagues for these activities (relatedness scale).

Motivational Regulation to Support Self Management Questionnaire: adapted from the Self-Regulation Questionnaire developed from previous SDT research; measures how strong is each type of motivation (from intrinsic to external plus amotivation) to support SM for LTC.

METHOD

CROSS SECTIONAL STUDY:

surveying clinicians from demonstration sites in the pathway of care for four target long term conditions-who have NOT volunteered for training.

LONGITUDINAL COHORT DESIGN:

pre and post training surveys of clinicians who volunteered to attend professional training addressing principles and practice of SMS

INCLUSION CRITERIA:

clinicians working with patients who had the chosen long term condition of 8 healthcare economies (20 trusts)- diabetes, depression, musculo-skeletal pain or COPD.

CHARACTERISTICS OF THE SAMPLES

SAMPLE	SEND OUT	RECEIVED	RESPONSE RATE
CS	951	482	51%
LS	286	114	40%

SAMPLE	GENDER		PROFESSION				CARE TYPE			TRAINING	
	Male	Female	Doctor	Nurse	Allied	Psych	Primary	Sec	Both	Yes	No
CS	109	369	118	163	66	13	187	132	27	264	50
	22.8%	77.2%	30.1%	42.5%	17.2%	3.3%	53.2%	37.6%	7.7%	55.2%	43.8%
LS	34	78	39	35	14	6	55	30	6	62	64
	30.3%	69.6%	40.1%	36.1%	14.4%	6.2%	59.8%	32.6%	6.5%	44.8%	56.1%

Q1: What personal and organisational factors motivate clinicians to support self management?

(CS & LS baseline data; N=596)

PREDICATORS		CLINICAL SMS	PATIENT CENTEREDNESS	ORGANISATIONAL SMS
Satisfaction of the basic needs	Autonomy	β coefficient=0.15; p<.0001	No effect	No effect
	Competence	β coefficient=0.21; p<.0001	β coefficient=0.20; p<.0001	β coefficient=0.20; p<.0001
	Relatedness	No effect	No effect	No effect
Autonomous motivation to support self management	Intrinsic	β coefficient=0.15; p=.01	No effect	β coefficient=0.14; p=.01
	Integrated	β coefficient=0.23; p<.0001	No effect	β coefficient=0.13; p=.04
	Identified	β coefficient=0.14; p=.03	No effect	No effect
Previous training in SMS		β coefficient=0.27; p=.0001	β coefficient=0.12; p=.01	β coefficient=0.25; p<.0001
Intensity of work with LTC		No effect	β coefficient=0.09; p=.03	β coefficient=0.08; p=.02

High levels of satisfaction of competence and previous training in SMS predicts that clinicians will report practicing SMS in all three areas. Internalized regulation to support SMS is associated with engagement in Clinical and Organisational SMS. Clinicians who spend more time working with LTC are more likely to engage in Organisational SMS and patient centered practices.

Q2: Can personal conditions predicting engagement in self management support be influenced by training in SMS? (LS data pre & post training)

CHANGES PRE & POST TRAINING	PRE ADP		POST ADP		PAIRED T TEST		
	m	SD	m	SD	t	df	p
CLINICAL SMS (0-7 scale ↑ better)	4.78	1.41	5.09	1.05	-2.7	108	.01
PATIENT CENTEREDNESS (0-7 scale ↑ better)	5.37	1.33	5.67	1.22	2.4	108	.02
ORGANISATIONAL SMS (0-7 scale ↑ better)	3.59	1.50	3.78	1.29	-1.0	108	NS
AUTONOMY (0-7 scale ↑ better)	4.95	1.04	5.27	1.16	2.7	70	.02
COMPETENCE (0-7 scale ↑ better)	4.31	1.26	5.03	1.05	5.7	70	.001
RELATEDNESS (0-7 scale ↑ better)	4.30	1.51	4.61	1.43	-2.0	70	NS

Completing the training significantly increases clinicians' autonomy and confidence to effectively support self management. As expected we observed an increased use of Clinical SMS and Patient Centeredness. We did not find any changes in using Organizational SMS, which is probably related to the low observed course content in this area.

Q3: What factors predict the effectiveness of training in self management support?

(LS data pre & post training)

PREDICTORS		CLINICAL SMS	PATIENT CENTEREDNESS	ORGANISATIONAL SMS
Pre training satisfaction of the basic needs	Autonomy	Interactive effect: β coefficient=36.7; $p=.02$	No effect	Interactive effect: β coefficient=31.4; $p=.03$
	Competence		No effect	
	Relatedness		No effect	
Pre training autonomous motivation to support self management	Intrinsic	β coefficient=0.31; $p=.03$	β coefficient=0.41; $p=.02$	No effect
	Integrated	No effect	No effect	No effect
	Identified	No effect	No effect	No effect
Post training satisfaction of the basic needs	Autonomy	No effect	Interactive effect: β coefficient=7.02; $p=.007$	Interactive effect: β coefficient=7.96; $p=.01$
	Competence	No effect		
	Relatedness	No effect		
Previous training in SMS		β coefficient=0.231; $p=.01$	No effect	No effect
Intensity of work with LTC		No effect	No effect	No effect

Pre training satisfaction of the three psychological needs was good predictor using Clinical and Organizational SMS practices post training. Strong intrinsic motivation to SMS before training predicted increased using of Clinical SMS and patient centered practices after completing the training. Post training satisfaction of the three basic needs predicted using patient centered practices and Organizational SMS after completing the training.

(Q1) That the most important factors determining whether clinicians practice self management support for patients with LTCs are:

- Feelings of competence in relation to SMS,
- Autonomy to engage in SMS,
- Internalized regulation to support SM
- Previous training in SMS
- High intensity of work with patients with LTC

(Q2) Professional training addressing principles and practice of SMS effectively increase:

- Clinicians' feeling of competence in relation to SMS
- Autonomy to engage in SMS
- Using Clinical SMS and patient centered practices

(Q3)The most important predictors of post training engagement in self management support practices are:

- satisfaction of basic psychological needs in relation to self management support both before and after the training.

- Feeling of **confidence** to effectively support self management, **freedom** to chose the most appropriate way to support patients to self manage and **strong internalised** motivation to support self management are the most important factors determining using SMS practices by clinicians working with patients with LTC.
- Clinicians who previously attended training in SMS and spend more time at work with patients with LTC are also more likely to use SMS practices, perhaps because they have had an opportunity to acquire SMS skills and have a chance to practice them on regular basis.
- Skills based training in SMS was effective in increasing clinicians **confidence** to support SM and giving them **autonomy to chose** the optimal way to support their patients to self manage. It also increases self **reported use** in clinical practice.

- To ensure the positive training outcomes are sustained it is important to create supportive work environment and ensure clinicians have an opportunity to regularly practice and improve their SMS skills to maintain high level of confidence.
- Testing the skills in practice (e.g. by analysis of video taped consultations) is needed to both verify the self reported use, and more importantly, to offer feedback to clinicians that will build competence and sustain motivation..