



The Role of Nurses in Caring For Patients With Chronic Diseases

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Abstract

Let's begin our assignment with a comprehensive account on what exactly is patient care in terms of a nurse's role. According to Dracup, Bryan-Brown, and Westlake (1994), patient care is any deliberate action which recognizes the patient's needs and which is formulated in such a way to directly meet those needs. May be the deliberate and planned management of a condition; the basis of patient-centered care is the delivery of high-quality medical care but the concern and priority regarding the patient's needs. This definition highly reflects the hands-on and proactive approach needed to care for a patient with chronic heart disease. Consideration and education are the foundations of patient-centered care based on respect and consideration for the patient's wants and needs. A nurse's role can largely lie in the teaching and examples set forth in leading a patient to a healthier way of life. In realizing a long-term management strategy, patient-centered care can be translated to nurse-centered care in the sense that often visits to a cardiac specialist may be sporadic and inconsistent. This leaves nurses as the consistent authority and advice for these patients in an outpatient setting. The global aim and nursing care for patients with ischemic heart disease is reducing complications, maximizing quality of life, and maintaining independence and functional capacity. Nurse care can effectively implement this through advice and education in secondary prevention therapy. General advice on quitting smoking, better diet, and more exercise can be transitional to more professional advice of a nurse specialized in the area. As said by Ho, Russell, and Phillips, conducted in the late 2008, "A higher level of nursing expertise has been associated with reduced mortality and readmission rates and increased quality of life for emergency and general medical patients." This noble nurse's teaching endeavor is implementing care in the patient's comfort and safety and highly upholding the global aim for CVD patient care. This aspect of care today is very valuable as the mass media of recent times has branded it as a "catch-all" for patient education, research, and health promotion. It is a large and open field with promising job opportunities as the prevention of chronic heart disease is a growing concern for public health experts. Easier access to medical services and medicine have propelled heart disease patients into longer and more comfortable lives. The benefit of this is more advocacy and care opportunities for nurses. Compensation can range from simple phone care or health consults to patient home visits and constant supervision. In some severe cases, this may transition to long-term care or hospice where a nurse provides the most support and is closest to fulfilling the patient advocate role. (Leavitt et al.2020)

Keywords: chronic diseases, nurses, patient care, holistic approach, collaboration

1. Introduction

The role of a professional nurse continues to change and evolve. Nurses work in a variety of settings, providing care for patients and their families. They are involved in the care of individuals and groups to achieve improvements in health and enable people to adopt healthy lifestyles, assisting them in recovering from illness and coping with life or death situations in a dignified and respectful manner. Nurses are frontline workers who are closest to the patient. They act as an intermediary who can influence and translate the best evidence into practice. This is no more important than in the care of patients with chronic diseases. In chronic disease, nurses are integral in the care of the patient. The relationship and knowledge the nurse builds with the patient is key in assisting the patient to understand and manage their disease. This can lead to prevention of the disease getting worse and hospital admissions. In a climate of a growing chronic disease burden, a more informed and aligned healthcare system is needed to address the needs of patients with chronic disease. Nurse-led clinics have emerged as a sound model of care for any patient, but particularly those with chronic disease. The clinics can bridge the gap in services for these patients by providing continuity of care from a health professional who has the knowledge and can help guide the patient through a system that can often be confusing and difficult to access. This can be achieved by the nurse collaborating with the patient to set goals and identify appropriate actions, coaching the

patient to self-management, and following up on the patient's status on an ongoing basis. This sort of care has shown to be effective in preventing hospital admissions for patients with chronic diseases and can free up much-needed resources in the acute care sector. (Floriancic, 2021)

2. Understanding Chronic Diseases

An acute disease can be defined by a swiftly changing condition and often the complete return to normal health. This model of care is not appropriate for chronic diseases because chronic diseases require ongoing management by the patient and their healthcare provider. More often than not, chronic disease patients live with their disease for the rest of their lives. That being said, it is important for these patients to maximize their life by preventing all complications of the disease to achieve normal life expectancy and quality of life. This is especially the case in older people and people with more severe and complex conditions. The shift in healthcare for chronic disease patients is to move from compensating for complications to preventing them in the first place. (Bardhan et al., 2020)

Chronic diseases are classified as long-term illnesses that have slow progression and long duration. Chronic diseases are also the leading cause of death and disability in the United States. They are often preventable diseases and contribute to a large portion of healthcare costs. Some of the most costly chronic diseases are obesity, heart disease, and diabetes. These diseases are highly preventable through diet, exercise, and regular screenings. Currently, one of the biggest health issues today is diabetes with over 17 million cases in the United States. Diabetes is the leading cause of kidney failure, non-traumatic lower limb amputations, and new cases of blindness among adults. People with diabetes are two times more likely to have heart disease. With the incidence of all types of chronic disease increasing in our society, the importance of managing these diseases is high. (Paik et al.2021)

3. The Importance of Nurse-Patient Communication

The concept of patient-centered care and its importance within healthcare has been widely researched and reviewed. Patient-centered care is defined as recognizing "the patient as the source of control and full partner in providing compassionate and coordinated care based on respect for the patient's preference, values, and needs" (Epstein & Street, 2007). The Institute of Medicine (IOM) stated that "care works best when it is based on continuous healing relationships and the patient's needs and safety are put at the center of the care." Patient-centered care is underpinned by factors such as patient involvement, information, coordinated and integrated care, and the involvement of family and friends. For many nurses and healthcare professionals, patient-centered care is seen as an obvious and essential component of care and overall therapeutic relationship building. However, the longstanding tradition of a more task-oriented care within nursing, driven by increasing procedural and paperwork demands, has led to significant gaps within the nurse's ability to provide complete patient-centered care. Chronic diseases are generally ongoing, have no cure, and despite being non-communicable, can significantly impact an individual's physical and/or psychosocial functioning. This makes the concept of patient-centered care and the ability to positively influence patient outcomes even more paramount. Health promotion and education are central components of nursing care provided to patients with chronic diseases. Information and self-management skills help empower patients to maintain or adopt a healthy lifestyle, which will, in turn, help to prevent the exacerbation of their disease. This being said, it is likely that through the potential progression of the chronic disease or associated comorbidities, a patient's functional capacity will decline, and they may become more reliant on nurse and/or carer help. The overall aim of nursing care will be to maximize patient independence and prevent further complications. An in-depth understanding of the individual patient and their disease experience is needed to tailor education and support. This will, in turn, foster a stronger nurse-patient therapeutic relationship, and the patient will feel that their care is individualized. As a student nurse having worked as an assistant in nursing for several years, I have cared for a varying number of stable and acute chronic disease patients from the young to the elderly. The difference in functional ability and coping between the younger onset chronic disease patients and the elderly can be quite contrasting. At times in the acute setting, care of the younger cohort may seem almost comparative to care of a general medical-surgical patient. This is an error as their disease process and support needs are different. Effective communication and patient assessment are needed to identify those at risk or those who are experiencing functional decline. In order to evaluate the nurse's best ability to effectively communicate and provide comprehensive care, a case study was reviewed. (Brickley et al.2020)

4. Nursing Interventions for Chronic Disease Management

The role of patient educator is fundamental to the nurse caring for a patient with a chronic disease. Education empowers the patient to be an active self-manager of their disease, and a well-informed patient can make complex decisions about their treatment and lifestyle. The ultimate aim of education is to improve patient outcomes, and it is an essential foundation for any other interventions. Topics for education are highly varied and include lifestyle modification, understanding the disease process and treatment regime, effective use of self-monitoring or management tools, and when to seek further medical assistance. Education is generally an ongoing process, and as knowledge is empowering, the majority of patients will gladly receive further education on new or existing topics. Unfortunately, time constraints often mean that the nurse is unable to provide the amount or frequency of education that they feel is required by the patient. In these cases, it is often effective to, rather than 'teaching' the patient, attempt to enable the patient to learn how to learn about their disease. (Farley, 2020)

4.1. Education

Interventions for chronic disease management generally focus on the prevention of further illness, promoting an optimal state of health and wellbeing, and achieving the best possible quality of life. For the patient, these interventions are major determinants of the effectiveness of care. By the nature of their long-term nature, it is often the patient who ultimately determines the effectiveness of any intervention through the effects on their daily lives. As previously stated in the essay, chronic diseases are often the cause of illness and disability. It is this effect that interventions aim to negate or improve. The role of the nurse in these interventions is often crucial as they may be required to act as an educator, coordinator, counselor, and in some states, a prescriber. As interventions are often a complex mix of these roles, the following sections are not exclusive entities and often one nursing action can fulfill several roles in a single patient interaction. Note that as Australia has only recently adopted the nurse practitioner role, some interventions may not be currently available to all nurses. (Bech et al.2020)

5. Collaborative Approach in Chronic Disease Care

Nurse needs to have a lot of knowledge and skills in caring for a patient with chronic disease. The basic concepts in caring for a chronic disease patient are preventing the disease, slowing down the progress of the disease, promoting maximum health and well-being, and helping the patient to achieve an optimum level of independence. Therefore, these concepts of caring should be implemented collaboratively in nursing care to achieve a better outcome. Kitson et al mentioned that collaborative care is a process interdependent in which health professionals practice together to deliver quality patient care. It involves a physician, nurse, patient, and also family member. There are five types of collaborative care that can be implemented in nursing care of patients with chronic diseases. First is physician-nurse collaboration. It is an effective way to improve the quality of care. In this type, a nurse should have good communication with the physician so that they can share medical information and discuss the progress of the patient continuously. The nurse should be able to ask and clarify anything she didn't understand about the treatment of the patient. For instance, a nurse should know the possible side effects of drugs that can occur to the patient, so she can tell the physician early when something is wrong with the patient. This can lead to safer care for the patient. (Boev et al., 2022)

6. Method

Sixteen interviews were conducted with patients, these mainly taking place in the patient's own home. Home interviews were felt to be the most suitable location for the patient as it would offer them the utmost comfortable and relaxed setting, thus enabling them to talk freely about such potentially emotive and personal subject matter. This also had an added convenience for the interviewer as it enabled a flexible approach to interviewing up to and including making arrangements on the actual interview day to suit the patient's needs depending on how they felt on that particular day. A total of 12 interviews were conducted with nurses, and these interviews took place in a range of settings such as the participant's home or the interview room at the workplace, depending on what was convenient for the participant. All interviews were conducted by the primary investigator, thus ensuring that the same person was responsible for obtaining all of the data. This was felt important as it ensured that there would not be a mixing of different interview styles and skills, thus providing consistency in data collection. Both patient and nurse interviews lasted an average of an hour and were tape recorded to enable a full and accurate account of what each participant said. A reflective log was also kept after each interview by the interviewer in order to offer personal insights and thoughts on how the interviews went. This was particularly useful with the patient interviews, which at times could be highly emotive, and the reflection upon these could help to prepare the interviewer for a subsequent interview with the patient. (Bos-van et al.2021)

The conduct of qualitative research is a complex process that is systematic and rigorous in its effort to obtain a rich understanding of a certain phenomenon. In order to gain an insight into the experiences of people who live with chronic diseases whilst being cared for by nurses, this particular study undertook in-depth semi-structured interviews with both patients and nurses within a community setting. The patient sample was drawn from within a GP's surgery and through the use of purposive sampling techniques, patients were approached who were all suffering from a chronic illness of some description and who had experience of being cared for by a nurse. Purposive sampling was chosen as it was vital that the sample frame reflected a range of ages, both sexes, and differing chronic diseases so as to provide depth to the data by offering a variety of different views and experiences. This helped us to identify potential participants who were those most able to informants about the questions we were asking.

7. Results

Overall, the patients felt that they had great support from the nurses. This is seen through the high frequencies that patients had confidence in nurses in improving their health, and the overall patient participants who felt that they had sufficient support from the nurses. This sense of support is very important in self-management because it improves the patient's confidence in being able to manage their disease. Confidence has been identified as one of the most consistent determinants of self-management behaviour. Nurses are able to help install confidence in their patients through patient education. Step by step education that improves the patient's disease and symptom management ability and the ability to effectively halt or reverse co-morbidities and complications is a way nurses can help improve patients' confidence in managing their disease. This education is proven to increase the patient's activation level which results in higher healthy behaviour adoptions and maintenance. (Rathnayake et al.2021)

In the current study, the researchers time and again focus on the role of nurses in caring for patients with chronic diseases from the perspective of both the patient and the nurse. The population used in the research was from the tertiary public

hospital in Singapore. The minimum age for the patient groups was 21 years old and above. The patient participants must have at least one of the following 10 chronic diseases: Hypertension, lipid disorder, stroke, asthma, Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Arthritis, Osteoporosis, Benign prostatic hyperplasia, Depression.

8. Conclusion

Nurses are also the best people in educating the patient about their diseases. Since most chronic diseases need lots of self-care management, patients must be involved in their own care. This will require good knowledge about their diseases and how to manage them. Nurses can provide a clear explanation about the diseases, the treatment, and how patients can manage their diseases. If the patient understands it well, they can implement it into their daily life. For example, a patient with diabetes will need to control their diet. So, a nurse can teach the patient about the suitable diet for a diabetic patient. (Farley, 2020)

Nurses involved in caring for patients with chronic diseases are critical as it will affect the patient's health significantly. Nurses are the frontline healthcare providers that most patients will meet frequently. Compared to other healthcare providers, nurses spend a longer time with patients, and they are the ones that have the most frequent contact with patients. Because of this, nurses can assess the patient's condition more frequently and detect any changes earlier.

Patient with chronic disease will usually have a lower quality of life, shorter life expectancy, and costly medical treatment. These diseases require a long-term treatment that lasts for life and without proper care, patient conditions sometimes can get even worse. However, with good care, patients' conditions can improve significantly and enable them to live their life like healthy people. Good care is not an option but a necessity for the patient, and one of the people that can help the patient is a nurse.

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