

Chronic care in the bush

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Background and aims

Chronic care self-management literature discusses the need for clients to self-monitor, access health professionals and be proactive in managing their illnesses. Well-documented barriers to access and the significance of poor client engagement and decision making were reflected in sub-optimal outcomes for clients, adding ongoing frustration for the nurse practitioner (NP) looking for a 'better way'. This paper reflectively explores a NP practice within an isolated rural community, examining the successes and failures of client self-management of chronic illnesses. This reflection has resulted in improved client and community outcomes and changes to the NP practice.

Methods

Literature review and reflective analysis of a NP practice between 2006 and 2009 was undertaken. Thematic analysis of strategies for successful client self-care management of chronic illness were compared to best practice using clinical notes.

Relevance

Reflection of the NP practice over this time demonstrated the greatest strategy for success of client self-management was through client engagement and sustainable access strategies to health professionals. These are likely to be useful principles generalisable for other similar communities.

Results

Active engagement and client responsibility for self-care with improved outcomes was achieved with 43.75% of clients. 56.25% of clients failed to successfully self-manage their chronic illness. The NP was able to identify barriers to client self-management and effectively advocate, negotiate service provision and coordinate or refer case management for those clients who failed to successfully self-manage their chronic illness. Integration with existing community groups, understanding of client decision-making factors, overcoming barriers and flexible practice within each community context improved strategies for successful chronic care self-management.

Conclusion

In 2006, within this isolated rural community the NP was the only regular health care professional. Strategies of integration with known community groups, key community members, engaging clients in their self-care, adapting models of care, and understanding client decision-making factors are imperative. Negotiating with multidisciplinary health professionals across health service, area health service and division of GP borders for improved access is ongoing within the context of rural health professional availability. This paper demonstrates successes and failures with principles of practice (in a rural context described) generalisable to other isolated communities.

