Experiences of attending a pan-diagnosis self-management group. A qualitative study.

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Aims of the presentation

- Rationale for the research
- Brief overview of the study design
- Outline findings
- What this means for services
Research rationale

Long term illness

- Increase in multimorbidity from 1.9 million in 2008 to 2.9 million in 2018 (Department of Health, 2012)
- Single-disease framework which is dominant in UK health care (Barnett, et al., 2012)
- Higher likely hood of depression for people with a long term condition (NICE, 2009)

Self-management

- Chronic Disease Self-Management Programme (CDSMP) (Lorig et al., 1999)
- National Expert Patient Programme roll out (Department of Health, 2006)
- Lack of literature on self-management for people with two or more conditions (Taylor et al., 2014).
Research design

- Alternatives to manualised EPP and IAPT therapy.
- A local course with flexible content & includes carers
- 6 participants who had attended at least 3 sessions out of a possible 6
- Semi structured interviews around:-
  - why participants chose to attend the course
  - were self-management behaviours engaged with
  - what mechanisms underpinned any meaningful change
- Thematic analysis from a critical realist perspective.
Findings

Seeking and Finding Help

Learning self-management techniques

Group Membership

Recommendations for the courses
Service impact

- Both self-selected and those recommended the course by a health professional found the course beneficial.

- Techniques that proved most successful:
  - Pacing - helped with fatigue and prevented erroneous attribution.
  - Goal setting - feel good factor and confidence/self-efficacy.

- Group membership allowed for modelling, and upward and downward social comparisons.

- Being seen as person - not a sufferer.

- Longer course with the same content.

- Therapeutic effects vs bio-medical outcomes.
References


