

Perceptions Of Multimorbid Patients When Health Care Staff Accompany Family Physicians in Primary Care Settings

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Abstract

Background: Multimorbidity, the presence of two or more chronic conditions in an individual, presents significant challenges in primary care, including fragmented care, higher healthcare costs, and difficulty in care coordination. Integrating nursing professionals into primary care teams has been proposed as a strategy to enhance access, improve care quality, and address these challenges. However, limited attention has been given to understanding patients' perspectives, particularly those with multimorbidity, regarding the inclusion of health care staff in primary care practices. Methods: This qualitative descriptive study utilized semi-structured interviews to explore the perceptions of patients with multimorbidity toward the integration of health care staff in primary care settings. Participants were recruited from diverse healthcare environments, ensuring varied experiences with collaborative care models. Patients with five or more chronic illnesses were purposefully sampled, with interviews focusing on their experiences and expectations of health care staff involvement in primary care. Thematic analysis of interview transcripts was conducted using NVivo software, employing both inductive and deductive coding methods. Results: 28 participants with diverse chronic conditions were interviewed, with most expressing openness to health care staff involvement in primary care. Three central themes emerged: Expectations of Enhanced Care: Participants anticipated improved accessibility and continuity of care through health care staff integration but highlighted concerns about reduced access to physicians. Perception of the Health care staff's Role: While many viewed health care staff in supportive roles, others recognized their broader responsibilities in patient education, chronic disease management, and medication monitoring. Trust in health care staff's competence varied, with participants favoring physician oversight for complex tasks. Conditions for Effective Integration: Patients emphasized the need for clear role definitions, robust communication between health care staff and doctors, adherence to protocols, and continuity of care with the same health care staff to build trust. Conclusion: Patients with multimorbidity generally support the integration of health care staff into primary care teams, recognizing potential benefits in accessibility and care coordination. However, successful implementation requires clear delineation of roles, effective communication, and strategies to build trust. These findings highlight the importance of incorporating patient perspectives into healthcare system reforms to ensure collaborative care models meet their needs effectively.

Keywords: *Patients, Physicians, Health.*

Introduction

In primary healthcare, a significant proportion of patients present with multimorbidity (1,2), which is defined as the coexistence of two or more medical conditions within the same individual (3). Research has consistently shown that multimorbidity is linked to adverse outcomes (4–17). Several challenges in managing patients with multimorbidity have been identified, including increased healthcare costs (18–20), challenges in maintaining care continuity (21), poor adherence to treatment plans (22,23), higher reliance

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on emergency services (24), fragmented care delivery and difficulties in care coordination (24,25), conflicts between treatment strategies (24), and the complexity of implementing clinical guidelines (26,27).

Care delivery for patients with multimorbidity is inherently complex. A focus on treating a single condition may result in neglecting other coexisting conditions, or worse, the treatment of one condition may adversely affect another (28). These complexities, coupled with a shortage of primary care physicians in some regions, present an opportunity to innovate service delivery to better meet the needs of patients who are particularly vulnerable.

One promising approach to reforming primary care systems is the integration of nursing professionals into multidisciplinary practices. This strategy has demonstrated potential to enhance access to care, improve satisfaction among both providers and patients, and reduce hospitalizations (29). In certain care models, health care staff work in collaboration with primary care physicians to provide services to enrolled patients, requiring a redefinition of the traditional physician-health care staff partnership (30,31).

Despite an abundance of literature on health care staff involvement in primary care settings (32–39), limited attention has been given to understanding patients' perspectives on this approach (40,41). Prioritizing patient-centered care necessitates actively incorporating patients' voices and expectations into the design of healthcare systems (42). While discussions about transforming family practices have gained attention, further exploration is needed to understand how patients with multimorbidity perceive the inclusion of health care staff in primary care teams during these transformations.

Methods

This study utilized a qualitative descriptive clinical approach, employing semi-structured interviews inspired by the pragmatic methodology outlined by Crabtree and Miller (43,44). By combining insights from applied anthropology and primary care clinical practice, the research sought to capture patients' perspectives to improve care delivery (44).

Participants were purposefully sampled to ensure a range of experiences with different models of care (43). Recruitment occurred from practices representing a variety of healthcare settings, including structured primary care teams, community health centers, university-affiliated clinics, and private practices. These settings differed in the extent to which patients had access to both family doctors and health care staff for follow-up care. Patients with no prior experience of nursing care in primary care were also included to gather diverse perspectives.

To focus on patients with substantial interaction with the healthcare system, individuals with five or more chronic illnesses were recruited, as these cases represent a significant proportion of primary care patients (1). Exclusion criteria included cognitive impairments, unstable medical or psychiatric conditions, or serious communication challenges, ensuring the study reflected typical primary care patients while excluding those in extremely vulnerable situations. The target sample size was 28 participants to achieve data saturation (43).

Interview Guide

The interview guide was developed by two team members based on a literature review of collaborative primary care models and the role of health care staff. It was reviewed and refined by the entire research team, incorporating insights from family medicine, nursing, and social work disciplines. The guide featured open-ended questions exploring continuous follow-up with a family doctor, changes in care delivery associated with collaborative models, and expectations regarding health care staff in primary care. Participants were asked to discuss scenarios involving collaborative care, trust in managing specific conditions, and their ideal vision of care involving both doctors and health care staff.

Data Collection

Patients were identified with the help of their family doctors and contacted by the research team. After providing informed consent, participants completed a sociodemographic questionnaire and participated in a one-hour interview. Discussions began with participants describing their health conditions and previous primary care experiences, focusing on interactions with family doctors and health care staff. Those with no prior experience of health care staff in primary care shared their views on the potential benefits or concerns regarding such practices.

Interviewers used the guide flexibly, exploring additional topics that emerged during the discussions. They provided necessary explanations about the collaborative care model to participants unfamiliar with it. Interviews took place in healthcare settings or patients' homes, were audio-recorded, and lasted less than 60 minutes. The initial four interviews were observed by researchers and trainees to refine the guide and provide feedback to the interviewer. A trained research assistant, who was also a health care staff, conducted subsequent interviews under the continuous supervision of the principal investigator. The importance of neutrality and attentive listening was emphasized throughout the process.

Data Analysis

Descriptive analysis was conducted using data from sociodemographic questionnaires. Interview transcripts were validated against field notes and recordings and reviewed by the research team. NVivo software facilitated data coding. An initial coding schema was created based on the literature review and preliminary interviews, and additional themes were incorporated during subsequent readings as part of a semi-inductive process (47).

Case summaries and a conceptual matrix were developed to group participants by shared experiences, characteristics, and patterns (47). Independent analyses of the data were conducted by the principal investigator and research assistant, with results compared by a third researcher to ensure consistency. Final themes were determined through consensus discussions among the multidisciplinary research team, which included experts from family medicine, nursing, and social work, to enhance the robustness of the findings.

Results

28 participants were interviewed for the study. Their demographic details are summarized in Table 1. The chronic health issues documented in their medical records were diverse, encompassing conditions such as hypertension, diabetes, hyperlipidemia, osteoporosis, osteoarthritis, cardiovascular diseases, heart failure, chronic obstructive pulmonary disease, asthma, migraines, depression, and various other ailments commonly managed in primary care settings. Participants exhibited a range of experiences with collaborative care involving health care staff and doctors. Of the 23 participants, 25 reported some level of interaction, which varied from minimal to extensive.

Table 1: Sample Characteristics

Characteristic	Interviews completed (n = 28)
Mean age, (SD): yr	63.8 (7.9)
Male, %	38.9%
Education level, %	
<8 y	22.2%
8 to 12 y	38.9%
Post-secondary (college or university)	38.9%
Household income in Canadian SAR, %	
<10,000 SAR	5.6%
10,000-29,999	50.0%
30,000-49,999	22.2%
≥50,000	22.2%

Marital status, %	
Married	61.1%
Divorced/Separated	11.1%
Widowed	22.2%
Single	5.6%

Low-level experiences (coded as L) typically involved limited engagements, such as a brief series of appointments with a health care staff and a doctor for initial training on managing a specific condition, like diabetes. High-level experiences (coded as H) included regular, integrated follow-ups with both professionals over an extended period, often involving multiple visits in a coordinated care framework. Some participants also recounted interactions outside traditional primary care, such as home visits from health care staff combined with clinic visits to doctors post-surgery. Based on interviews, participants' receptiveness to health care staff involvement in primary care was assessed, with the majority expressing openness.

Participants anticipated that involving health care staff in primary care would improve accessibility and continuity of care. Many believed that having access to both a health care staff and a doctor would ensure timely responses to their healthcare needs, providing a sense of security. Health care staff were seen as facilitators who could improve communication with doctors, enabling quicker medical attention and better follow-up care.

Participants displayed a dual perspective on the role of health care staff. Many viewed health care staff in a traditional supporting role, assisting doctors with tasks like initial health assessments, lab tests, and administrative functions.

Others acknowledged broader roles for health care staff, including educating patients, managing medications, providing follow-ups for chronic conditions, and addressing minor health issues.

Regarding competence, most participants expressed general confidence in health care staff's qualifications but had reservations about specific treatments or decisions traditionally handled by doctors.

Participants identified several conditions necessary for effectively integrating health care staff into primary care. A robust communication system between health care staff and doctors was considered crucial, ensuring seamless information-sharing while maintaining confidentiality. Patients expected doctors to validate significant decisions made by health care staff.

Trust in the health care staff's competence and up-to-date knowledge was also emphasized. The importance of a long-term relationship with the same health care staff was frequently mentioned, as it fosters trust and continuity of care.

Participants also highlighted the need for clearly defined roles for health care staff and doctors to set proper expectations.

Discussion

The findings of this study suggest that individuals with multiple chronic conditions are generally open to the integration of nursing professionals into primary care settings. Patients anticipate that this inclusion would enhance their access to healthcare services. These outcomes align with initiatives aimed at improving access to primary care and promoting task-sharing between physicians and health care staff (30,48). Current reforms in primary care services emphasize the importance of follow-up care and accountability for vulnerable populations, including those with chronic illnesses. As demonstrated in this study, these patients require both informational and emotional support to better manage their daily health challenges. The success of preventive measures, regular follow-ups, and continuity of care largely depends on the collaboration of health care staff and other healthcare professionals within primary care teams (49).

However, patients value having the freedom to consult their physicians when they deem it necessary. Many participants in this study held a traditional view of nursing roles, which may not align with the full potential of health care staff in managing chronic diseases. This perception is likely influenced by the patients' past interactions with health care staff, most of whom (63%) are employed in hospitals (50). During the research period, the involvement of health care staff in managing chronic illnesses in primary care was limited and inconsistent across healthcare organizations. Nonetheless, some participants expressed a broader understanding of health care staff's roles, expecting them to offer guidance, adjust treatments, and provide follow-ups for chronic conditions. These perspectives support the principles underlying collaborative practices between health care staff and doctors in primary care (51).

For health care staff to effectively participate in primary care, there must be a well-defined delineation of roles and responsibilities between healthcare professionals (32). This study underscores the importance of both role clarity and building patient trust in these roles. Although professional organizations have made efforts to define the responsibilities of health care staff and physicians (51), there is still variability in collaborative practices (52). The role of health care staff is expected to evolve, particularly with the introduction of specialized health care staff practitioners, which will necessitate further adjustments in the healthcare system and among patients (51,53).

To ensure seamless integration of health care staff into primary care teams, it is essential to clarify their roles to patients and establish robust communication systems for information sharing among healthcare providers. Patients' feedback regarding the importance of effective communication among professionals is consistent with existing literature on interprofessional collaboration (54,55) and supports established models of teamwork in healthcare settings (56). Demonstrating health care staff's competencies in managing chronic diseases is crucial for gaining patient confidence. Enhanced university-level nursing education and the integration of specialized health care staff practitioners are likely to reassure patients about the capabilities of nursing professionals (53).

Trust in family doctors is well-established, and the introduction of new healthcare professionals can be perceived as a challenge. However, this study reveals a positive receptiveness among patients, even among those with limited prior exposure to health care staff in primary care. Other research has shown that shared care models involving health care staff and doctors can lead to improvements in psychological well-being, patient knowledge, and self-management of health conditions (57). Moreover, patients have reported satisfaction and a greater sense of control over their health in collaborative care settings (58).

These findings highlight the need for strategic planning to support the integration of health care staff into primary care and facilitate the transition process (51). As noted by Bailey (35), successful collaboration requires more than simply placing health care staff and physicians in shared practices. Ultimately, patients play a critical role in determining the effectiveness of nursing involvement in primary care.

This study is not without limitations. The small sample size and the focus on a specific geographic region and patient group with extensive primary care experience may restrict the generalizability of the findings. Nevertheless, the diversity of chronic conditions and care settings, along with the saturation of data, supports the transferability of results to other similar patient populations. Caution should be exercised when applying these findings to different healthcare systems or regions. Additionally, all participants in this study had long-term follow-up care, which may have influenced their perceptions; patients with shorter care experiences might hold different views. Further insight could have been gained by conducting follow-up interviews or exploring the specific context of nursing practices in primary care.

Various triangulation methods, including multidisciplinary analysis, were employed to ensure research rigor and reliability (43,59,60). However, the study primarily provides descriptive rather than interpretative insights into the experiences of patients with multiple chronic conditions. Further qualitative research is recommended to deepen understanding. One of the strengths of this study is its focus on patient perspectives, which have been underexplored in similar contexts.

Conclusions

Patients with multiple chronic conditions show openness to the inclusion of health care staff in primary care, expecting improved accessibility to services for both themselves and new patients. However, they emphasize the need for clear definitions of professional roles and responsibilities among healthcare providers.

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