

The need for a mindset shift and behavioural change in the shadow of the COVID-19 pandemic

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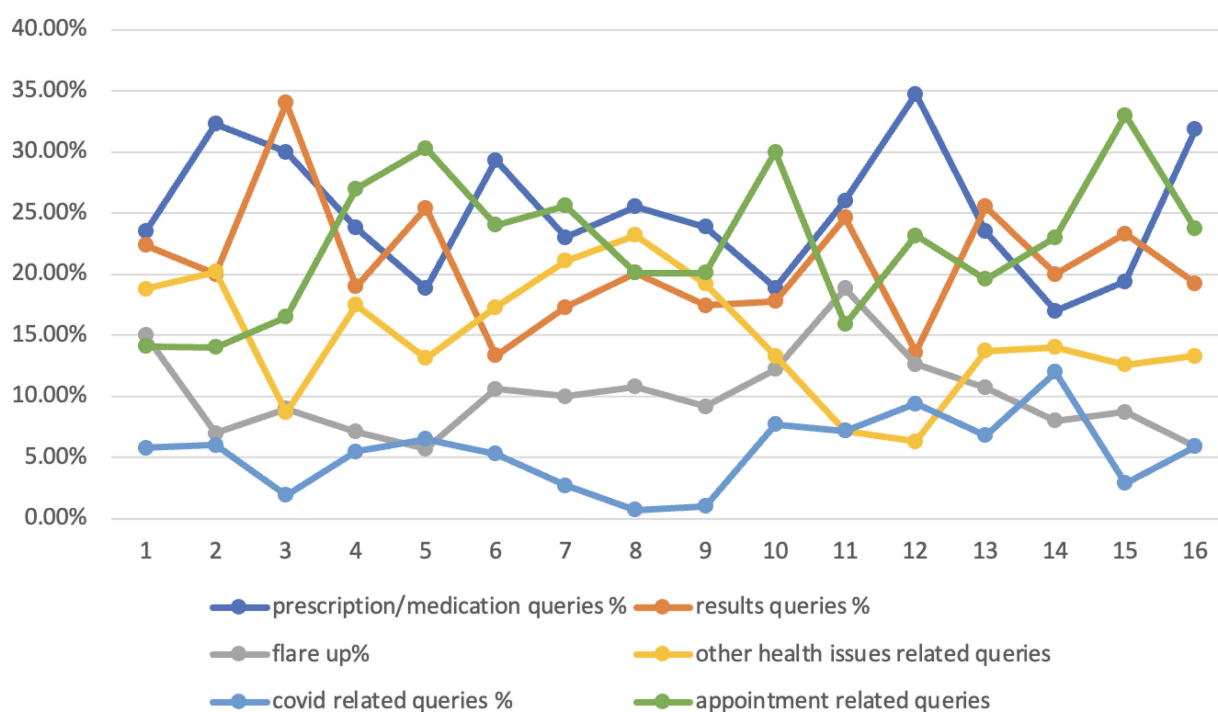


Fig 1. Weekly percentages of helpline queries since October 2021.

Introduction

COVID-19 has had a significant impact on healthcare systems worldwide including services caring for young people (YP) with long-term conditions (LTC). YP experienced not only barriers to their daily functioning but also difficulties navigating healthcare facilities.

The Adolescent and Young Adult Rheumatology Department (AYAD) at University College London Hospitals looks after over 2,000 YP with rheumatological conditions, providing developmentally appropriate interdisciplinary care including a

nurse-led helpline to facilitate access to medical/nursing/allied health professional advice, mental and social wellbeing support.

This is an evaluation of the helpline service and the training to improve it.

Methodology

The helpline service was audited over 4 months capturing thematic issues facing YP. This informed an improvement strategy including the use of health coaching (HC) tools to support YP attending the AYAD.

HC is defined as 'a behavioural intervention that facilitates participants in establishing and attaining health promoting goals in order to change lifestyle-related behaviour, with the intent of reducing health risks, improving self-management of chronic conditions, and increasing health related quality of life'.¹

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An accredited and well evaluated HC course was commissioned and delivered over 2 days, 1 week apart. It included educational material, presentations, group discussion and skills development delivered in a coaching style.²

Results

Over 4 months, 1,651 patients made helpline queries (median 103 queries/week, IQR:93–112). There were 414 medication queries, 377 appointment queries, 345 investigation results queries, 258 general health issues not directly related to the primary rheumatological conditions and 91 COVID-19 queries (Fig 1). The team agreed HC skills could better support self-management and facilitate health promoting goals and behaviour change.

All AYA team members undertook a HC course. Pre- and post-HC course surveys were completed by participants.

A pre-course survey (10/12 responded) revealed that 70% of MDT members felt their consultations focused solely on YP medical/clinical care, 80% reported they advise on lifestyle choices such as sleep and weight management, and 40% felt that their consultation times were long enough to discuss resources that would support long-term management. Only about a third of the team (30%) reported they felt effective in enabling self-management and/or catalysing behaviour change.

A post-course survey (11/12 responses) demonstrated 100% of participants were satisfied with the course content, delivery,

facilitation and opportunities to work and learn with colleagues, and felt that the skills were applicable to their work to improve self-management and improve the use of the helpline system.

After a challenging time of managing families through the pandemic, the HC training was an opportunity for team members to reunite, learn together and co-create a shared and compelling sense of purpose.

Conclusion

The COVID-19 pandemic has created challenges for healthcare systems. Health related behaviours in patients with LTC have significant impact on health outcomes. Incorporating HC into clinical care is a promising tool which was considered useful by all AYAD members.

The next stage of this project will include embedding the techniques learned into clinical practice and measuring behavioural change over time including the use of the helpline system. ■

References

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