Self-management on chronic diseases

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Context

- Nursing Focus: individual answer to the processes of life, health and illness
- Many people with chronic condition have difficulty in incorporation of therapeutic recommendations in daily routine
- Previous studies show that the focus of the most sensitive areas of decision making in nursing center around self-care and adherence behaviors
Context

- Chronic disease and its comorbidities represent the principal cause of episodes of hospitalization for lack of disease control, or its consequences
- Ineffective self-management contributes to hospital readmissions and for the high number of episodes of specialized care, and so to the expensive costs in health care system
Create an explanatory model on self-management carried out by people with demonstration of ineffectiveness, in order to infer the elements of a health intervention that promotes a responsible self-management.
Methods

• Study design
  qualitative
  multi-case
  longitudinal

• Grounded Theory (Strauss & Corbin, 1998):
  initial coding segments of narratives (meaning) - microanalysis
  open and axial coding process (diagrams and plots)
  theoretical reduction
Participant selection

- Chronic Disease
  - More than one internment in 2006, or between 1/1-30/9/2007 (3004)
  - Five, or more, hospital readmissions (94)
  - More than one internment in 2006, or between 1/1-30/9/2007 (3004)

Inclusion criteria (22)

Area of residence (62)

- Contact with potential participants
- Analysis of clinical processes
- Computerized data
Participants

- Mean age: 54.6 years
- Mn/Mx 13 – 82 years old
- Hospital readmissions: 5 – 11
- Mean schooling: 4 years
- Living alone- 7
Data collection methods

- Analysis of documentation - clinical processes
- Interaction with the participants and their contexts
  - participant observation
  - interviews
Results

Therapeutic regimen Properties

- Components
  - medicines
  - diet
  - physical activity
- Complexity
  - polymedication
  - interaction between medicines / foods / habits
  - try to control signs and symptoms
- Flexibility
  - use of resources / ask for help / self-monitoring
  - physical limitations
  - behaviors
  - comfort
  - be tempted

hardness

flexibility
Results

Vulnerability profile

Cultural and socio-economic environment

Family

Person with a chronic disease

Individual vulnerability

Family vulnerability

Social vulnerability

Self-management “Style”
Results

Self-management in chronic illness theory
Results

Self-management in chronic illness theory

- neglect health care and disease
- refusal of treatment
- self destructive behavior
- substance use
- overuse of medication
- lack appointments
- do not make the clinical examination
- negative controls of disease and symptoms
- not seek information
- unaware of treatment
- unaware parameters of self-monitoring
Results

Self-management in chronic illness theory

- manage their treatment regimen simple and self-determined
- flexibility
- self permissive
- not compliance with the requirements
- adherence is not a part of its objectives
- beliefs as obstacles
- tend to maintain previous patterns to disease
- resistant to change

awareness
meanings
Results

Self-management in chronic illness theory

- "fulfill" professional indications
- perform systematic registers of monitoring
- not interpret monitoring data
- adhere to the treatment regimen
- good relationship with professionals
- low level of knowledge
- firmly believe that the professionals know what is best for them
Results

Self-management in chronic illness theory

- structuring family
- attitude towards the autonomy
- accept and seek help when they need
- have enough willpower
- incorporate and maintain the recommendations
- continuous updating of self knowledge
- allow health
- living with a normal pattern
- incorporate preventive and maintenance care
- require knowledge for decision making
Results

Self-management in chronic illness theory
Conclusion

• Socio-economic and cultural poverty arises like the context of greater vulnerability, straight by family background.

• Attitude toward life and illness, and personal attributes grouped participants in four patterns, which we named as "style": responsible, independent, formally guided and negligent.

• Identify the style of self-management can enable nurses to anticipate some difficulties in self-management.
Thank you

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