Self-management in chronic illness: from theory to the practice

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Impact of chronic disease

• mortality and morbidity

Cause of hospitalization

• lack of disease control or its consequences

Increases health costs & reduces quality of life

• capacity for self-management
Study Purpose

Develop an intervention model of self-management promotion in persons with chronic illness based on individual style and vulnerability profile.

The aim for this presentation

To describe the development of the instrument to characterize self-management style
theoretical assumptions

- study issues on disease management and treatment regime, as a self-care activities (self-management)
- the way the health/disease transition is experienced influences the way the adaptive processes move on, the development of mastery and a fluid identity
- “self-management style” as a synthesis of personality, attitudes and health behaviors
Study design

The wider project is developed in three phases:

• Construction of an explanatory theory about self-management in chronic illness (finished);

• Development of an instrument to characterize self-management style;

• Construction and application of a model of intervention and follow up according the self-management style from each client and vulnerability profile (in progress).
Methods

Grounded theory
explanatory theory on self-management in chronic illness

- responsibility
- self-determination
- attitude upon life / hope and optimism
- interpersonal relationships
- beliefs: self-efficacy
- emotions
- identity in the illness / meanings
- knowledge
- support

Responsible Style
Formally guided Style
Independent Style
Negligent Style
Methods

Identity traits and attitudes

Self-report perception of behavior

Self-management nurses perception

- responsibility
- self-determination
- attitude upon life / hope and optimism
- interpersonal relationships
- beliefs: self-efficacy
- emotions
- identity in the illness / meanings
- knowledge
- support
Methods

- pre-test
- appropriateness clarity and relevance
- suggestions
- consensus version

Contexts

- Liver-pancreatic transplant unit
- Primary health care (diabetes, hypertension, COPD, AIDS and rheumatic diseases)
Results

Identity traits and attitudes

• 45 items
• concordance scale: 0-4 (totally disagree/totally agree)
• space for notes

Alpha Cronbach 0.74
35 participants
## Results

**Self-report perception of behavior**

- 13 items
- Frequency scale: 0-4 (never/always)
- Space for notes

### Alpha Crombach

0.54

56 participants

Mean = 2.5 (0.6)
Results

Self-management nurses perception

- 15 items
- frequency scale: 0-4 (never/always)
- space for notes

Alpha Cronbach 0.85
35 participants
Mean = 3.2 (0.6)
Conclusions

• The instrument is being implemented expeditiously
• Taking on average about twenty minutes,
• Well accepted by patients and nurses
• Clinical application
• Known results suggest good internal consistency.
Thanks for your attention

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