Clinical utility of self-management style instrument

Alice Brito
Fernanda Bastos
Filipe Pereira

alice@esenf.pt
Justification

To identify the self-management style of people with chronic disease was used the self-management style evaluation instrument;

• allows to characterize and identify personal characteristics, different ways of living with the disease and the perception of the behavior in relation to the therapeutic regime in the sense of being able to act with each according to these characteristics; These characteristics are expected to influence clinical outcomes.
Purpose

Contribute to the development of the quality of nursing practice identifying the personal attributes that interfere with self-management to better adapt the strategies of approach to the chronic patient according to their individuality.

• Identify the variables that interfere with the scores in each of the self-management styles: age, sex, education and illness intrusiveness;

• Identify the clinical utility of the self-management style instrument face to clinical outcomes: empowerment, self-care activities with diabetes and readmissions at hospital.
Participants

• 521 participants in three different contexts (Hepatic and Pancreatic Transplantation Unit and Primary Health Care)
  • Diagnostic of a chronic disease (Diabetes, COPD, Hypertension, Liver transplantation, ...)
  • Age: mean 56 years (Sd=10.9) Mn19-Max85
  • 246 women and 275 men
  • 72.2% married or “de facto marital status”
  • 75% basic education
Results

• Study identify some very weak correlations but statistically significant (n=521) between age and: responsible style ($r = -0.133^{**}$); formally guided ($r = 0.284^{**}$); and Independent ($r = 0.115^{**}$).

• Using ANOVA the study identify differences between groups of educational levels in the score of responsible, formally guided and negligent, but no in independent style.

• Educational level predicts in a positive way responsible score ($r^2 = 0.05^{**}$), also in a negative way formally guided ($r^2 = 0.14^{**}$) and negligent style ($r^2 = 0.03^{**}$).

** $p<.001$
Results

• Illness intrusiveness correlates significantly, but weak and negative, with the responsibility score, and moderately with negligence score ($r = .504^{**}$).

• On the other hand, the responsible score predicts the empowerment score ($r^2 = .26^{**}$), while the negligent score predicts negatively ($r^2 = .17^{**}$).

• The least empowered ($n = 203$) had a mean score of responsible (mean=3.5 (Sd 0.4)) lower than the most empowered ($n = 68$) (mean=3.8 (Sd = .2)) with the mean difference being 0.26 $p = 0.032$; when we compared the mean of the negligence score of the most and least empowered, we found a significant difference of means (0.38) $p <0.001$.

** $p < .001$
Results

• Comparing mean scores for both responsible and negligent individuals (n = 271) followed in primary health care, we found that individuals who were already hospitalized (n = 130) had a higher mean of the negligent score (mean=29 (Sd.84)) And lower in the score responsible (mean=3.47 (Sd.42)) for those who were never hospitalized, respectively (mean=.93 (Sd.61)) and (mean=3.64 (Sd.31)) for a p < .001.
Results

We observed significant correlations in people with diabetes between self-management styles scores and SDSCA subscales:

- Responsible score: \( r = 0.428^{**} \) with foot care (\( n = 99 \)); and with SDSCA \( r = 0.235^{*} \) (\( n = 92 \));

- Formally guided score: \( r = -0.333^{**} \) with physical exercise (\( n = 100 \)); blood glucose monitoring \( r = -0.237 \) (\( n = 97 \)) and with SDSCA \( r = -0.302^{**} \) (\( n = 92 \));

- Negligent score: \( r = -0.227^{*} \) with general feeding (\( n = 100 \)); physical exercise \( r = -0.225^{*} \) (\( n = 100 \)); and with SDSCA \( r = -0.307^{**} \) (\( n = 92 \))

** \( p < .001 \)
Conclusions

• The older chronic ill person tend to be less responsible and more formally guided or independent;

• Educational level predicts characteristics of greater responsibility and less tendency to score formally guided and negligent. This association is significant but rather weak;

• A more negligent experience leads to more symptoms of the disease;

• This study allowed to identify variables that interfere with the style of self-management and variables that may be predicted by them. In this way the instrument proved to be clinically useful.
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Thank you for your attention!

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