Title:
Clinical Utility of Self-Management Style Instrument

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Improve Nursing Practice: Outcomes, Technologies, and Clinical Supervision
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1:40 PM

Keywords:
outcomes, self-management and vulnerability

References:


Abstract Summary:
The use of an instrument, that indicate personal characteristics and behaviors towards health, allows to predict difficulties in self-management. In this presentation, we show some results of the application of the “self-management style instrument”, its relationship with socio-demographic variables and its predictive values in clinical outcomes.

Learning Activity:

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<th>LEARNING OBJECTIVES</th>
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<td>Identify individual vulnerability</td>
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<td>Skills in nursing outcomes</td>
<td>Adjust nursing interventions according to the individual needs</td>
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Abstract Text:

To identify the style of self-management in people with chronic disease an instrument of self-management style was used. This instrument, as a synthesis of personality, attitudes and health behaviors, allows to characterize and identify personal characteristics, different ways of living with the disease and a perception of self-reporting of 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.

Objective: Identify the variables that interfere with the scores in each of the self-management styles: age; sex; education; cause of disease (liver transplantation); illness intrusiveness.

Identify the clinical utility of the self-management style instrument face to clinical outcomes: empowerment; self-care activities with diabetes; readmissions at hospital

Methods: Instrument was applied to 521 participants in three different contexts and analyzed in its association with different variables, obtained by application of socio-demographic and clinical characterization questionnaires and other instruments: summary of diabetes self-care activities-SDSCA (translated and adapted to Portuguese); Adapted Illness Intrusiveness Ratings (translated to Portuguese), Individual Empowerment’s Scale.

Results: Study identify some very weak correlations but statistically significant (n=521) between age and: responsible style ($r=-.133^{**}$); formally guided ($r=.284^{**}$); and Independent ($r=.115^{**}$).

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 ($r^2=.05^{**}$), also in a negative way formally guided ($r^2=.14^{**}$) and negligent style ($r^2=.03^{**}$).

Illness intrusiveness correlates in a significant, but weak and negative way, with the responsibility score, and moderately with negligence score ($r=.504^{**}$).
On the other hand, the responsible score predicts the empowerment score ($\beta = .556^{**}$), explaining 26% of its variability, while the negligent score predicts negatively ($\beta = -.228^{**}$), explaining about 17% of its variability.

The least empowered ($n = 203$) had a mean score of responsible ($mean=3.5\ (Dp\ 0.4)$) lower than the most empowered ($n = 68$) ($mean=3.8\ (Dp\ = .2)$) 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 ($0.38\ p<0.001$).

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 ($mean=29\ (Dp.84)$) And lower in the score responsible ($mean=3.47\ (Dp.42)$) for those who were never hospitalized, respectively ($mean=.93\ (Dp.61)$) and ($mean=3.64\ (Dp.31)$) for a $p <.001$.

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

Responsible score: $r = .428^{**}$ with foot care ($n = 99$); and with SDSCA $r = .235^*\ (n = 92)$

Formally guided score: $r = -333^{**}$ with physical exercise ($n = 100$); blood glucose monitoring $r = -237\ (n = 97)$ and with SDSCA $r = -302^{**}\ (n = 92)$

Negligent score: $r = -.227^*\ with\ general\ feeding\ (n = 100)$; physical exercise $r = -.225^*\ (n = 100)$; and with SDSCA $r = -307^{**}\ (n = 92)$

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.