Title: 
Validity and Reliability of Self-Management Style Instrument

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Reliability of instruments, Vulnerability and self-management

References:


Abstract Summary:  
Presentation of an instrument that through the characterization of personal features, different ways of living with the disease, and a self-report perception of behavior toward the therapeutic regimen. It allows identifying people with chronic illness with different styles of self-management and identifying the most vulnerable.

Learning Activity:

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Abstract Text:

Based on theory of self-management in chronic disease an instrument was created to identify the style of self-management. This tool is conceptualized as a synthesis of personality, attitudes and health behaviors. Identifies personal features, different ways of living with the disease, and a self-report perception of behavior towards the therapeutic regimen.

According to this theory there are self-management styles associated with greater vulnerability and therefore need more specific care. Theoretically styles are linked to seven dimensions (Internal Locus of control; self-determination; decision making; attitude to disease; attitude to regime; self-efficacy; interaction with health professionals) grouped in two major categories: flexibility and control.

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.

The objective of this study is to evaluate validity and reliability of self-management styles instrument.

Methods: Instrument content was based in self-management in chronic disease theory (Bastos, 2012). The items were constructed according grounded on the content analysis of the research that is the basis of the theory. Being subsequently validated by a group of experts. Scale ranges from 0 to 4 for strongly disagree to strongly agree.

Instrument was applied to 521 participants in three different contexts. Two of them were in Primary care, in different cities of Portugal (one hundred of diabetics and two hundred and seventy-one with a chronical disease), and one was in a Portuguese hospital (one hundred and fifty of patients purpose, or already made, a transplant).

Reliability was evaluated by analysis of internal consistency (Cronbach alpha).

Results: Reliability estimates revealed good internal consistency, with the alpha coefficient for the overall scale being .77. However, the interest of this instrument is not to obtain a global score, but the identification of scores in different aspects that indicate personal characteristics and levels of vulnerability. Therefore, and considering the central axes as subscales, Flexibility (25 items) presented an alpha .58, and Control (16 items) .64.

The seven theoretical dimensions presented an alpha between .46 and .71 (internal locus of control (6 items) α= .52; self-determination (6 items) α= .51; decision making (5 items) α= .49; attitude to disease (17 items) α= .54; attitude to regime (13 items) α= .46; self-efficacy (3 items) α= .71; interaction with health professionals (4 items) α= .51.

When we computed the variables to obtain the score by self-management styles, we obtain other dimensions: responsible style score (17 items) α= .72; formally guided style score (14 items) α= .71; independent style score (5 items) α= .10; and negligent style score (8 items) α= .62.

Conclusions: The instrument has proven to be easy to apply and is of interest for the identification of people with chronic disease who are particularly vulnerable. However, it showed fragility in the discrimination of the independent self-management style score, and the validity of content in this subscale was not assured.