

SELF-CARE PROFILES AND PATIENT MANAGEMENT OF HAEMODIALYSIS TREATMENTS: A DESCRIPTIVE CROSS-SECTIONAL STUDY

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RESUMO: Estudo exploratório transversal, descritivo e correlacional sobre a teoria do autocuidado proposta por Orem. A pesquisa realizada permitiu a identificação de quatro dimensões: definição dos perfis para estabelecer a correlação entre o autocuidado e o autogestão do regime terapêutico; estudo da relação entre as características demográficas e autocuidado; estudar a correlação entre os perfis de autocuidado e os obstáculos ao regime terapêutico.

Entrevistas realizadas a 122 doentes em hemodiálise numa unidade de saúde. Os resultados clínicos foram extraídos a partir dos registos e mostram que os doentes com os maiores scores no perfil autocuidado responsável são aqueles com melhor conhecimento (liquid. - $R = 0,250$; $p = 0,006$; medicação - $R = 0,246$; $p = 0,006$); quem cuida melhor de acesso vascular ($R = 0,186$; $p = 0,042$); quem melhor administra a dieta ($R = 0,267$; $p = 0,006$); e quem enfrenta menos obstáculos ($R = 0,207$; $p = 0,022$).

Os resultados da pesquisa mostram que a implementação de planos de tratamento depende do conhecimento e compreensão dos doentes sobre o autocuidado e que este indicador é de maior importância na ajuda do doente na transição para uma nova condição de saúde e melhor qualidade de vida.

PALAVRAS-CHAVE: Compliance do Paciente; Hemodiálise; Enfermagem; Autocuidado.

ABSTRACT: *This study aimed to explore the self-care theory proposed by Orem and to perform a detailed categorization of the related profiles. The performed research enabled the identification of four profiles and goals were set to establish a correlation between self-care profiles and self-management of the therapeutic regimen; to establish a relationship between demographic characteristics and self-care profiles and to establish a correlation between self-care profiles and obstacles to an effective management of the therapeutic regimen.*

The design was cross-sectional, descriptive and correlational. Interviews were conducted with 122 patients undergoing haemodialysis in a healthcare unit. Clinical outcomes were extracted from medical records.

The results show that patients with the highest scores in the responsible self-care profile are those with improved knowledge (liquid - $R=.250$; $p=.006$; medication - $R=.246$; $p=.006$); who take better care of their vascular access ($R=.186$; $p=.042$); who manage their diet better ($R=.247$; $p=.006$); and who face fewer obstacles than the others ($R=-.207$; $p=.022$).

The research findings show that the implementation of successful nursing treatment plans depends on the knowledge and understanding of patients perceptions regarding self-care and that this indicator will be of the utmost importance when helping patients in the transition to a new health condition and to experience a better quality of life.

KEYWORDS: Patient Compliance; Haemodialysis; Nursing; Self-care.

Introduction

Nurses play a key role in caring for patients on a regular haemodialysis programme, relieving the initial stress, empowering self-care, helping to prevent complications resulting from treatment¹⁻² and increasing the effectiveness of the management of the therapeutic regimen. Adherence and compliance to a therapeutic regimen significantly reduces the morbidity and mortality rates and treatment side effects.³ Adherence to treatment plans, fluid and dietary restrictions, as well as a complex drug regimen are essential to preserve the well-being of patients with chronic renal failure undergoing haemodialysis⁴

An ineffective management of the therapeutic regimen by patients undergoing haemodialysis is revealed when: a) patients miss or shorten their treatment more than once a month; b) patients gain more than 5.7% weight between dialysis sessions; c) patients' levels of serum phosphorus exceed 7.5 mg/dl and/or; d) patients levels of serum potassium exceed 6.0 meq/L.⁵⁻⁷

The adherence to the treatment plans is highly influenced by the individual self-care profile.

The Department of Health⁸ of the United Kingdom defined self-care as a range of indicators interfering with engagement in self-care activities, such as the life history and personal experience; level of knowledge; beliefs and values; cognitive abilities and literacy skills; cultural backgrounds; self-reliance; self-esteem; self-efficacy and self-control; ability to assess reality; ability to make decisions; ability to review existing information and the way it is displayed; the evidence of benefits related to support in self-care and support and encouragement of health professionals.⁸

Self-care can also be understood as a conduit or an attitude one adopts to control factors impacting personal development and performance.⁹⁻¹¹

Since the early 50s of the past century, self-care has been investigated in Nursing. However, it is only in 1970 through the studies conducted by Dorothea Orem, from the Nursing Development Conference Group, that this concept has been progressively used.⁹ Dorothea Orem describes self-care as the practice of activities undertaken by individuals in order to maintain their own existence, health and well-being.⁹ Self-care can also be understood as a personal conduit adopted in specific life situations and targeted at the individual as a way to control the factors influencing the personal development and functioning towards own life, health and well-being.⁹

The conception of self-care adopted by the United Kingdom Health Department corroborate the recommendations of several authors, highlighting the Orem theory, describing the multivariate factors influencing the development and people self-care activities.

The purpose of the current study was to address only the variables related to the life history and individual path.¹² Self-care, as an individual decision-making process is intimately related to people's past and life experiences, personality and backgrounds, all likely to determine the self-care profile.¹² Based on these assumptions Räsänen and Zelznick,¹³⁻¹⁴ conducted two studies with the purpose of developing an instrument that could test this theory and that could be used in clinical practice, in order to assess the self-care profile. The developed instrument included a scale with 42 questions used to identify