



Full Length Research Article

INDIVIDUAL AND FAMILY SELF-MANAGEMENT THEORY-IMPLICATION FOR ASTHMATICS

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ABSTRACT

Chronic illness and its impact on the individuals in all the dimensions of health is linked with poor quality of life. Hence Nurses and other health care professionals must play a vital role in educating the individual and the family about self management plans and which improves their health outcomes. Hence the investigator applied Individual and self management theory among the asthmatics in order to improve their well-being and change their health behaviour pattern and reduce their visit to the health care.

INTRODUCTION

Impact of the chronic health problems are linked with patients' behaviours and family attitude towards the illness. Health care delivery has moved to hospitalizations it can be often eliminated or shortened. Health promotion activities are increasingly appreciated for individuals and families, the strategies are incorporated into the health care delivery system. So, the patient and families are expected to engage in behaviors promoting their health and modifying their lifestyle. Self-management engages the individual, family as a whole in achieving outcomes. The nurses and other health care professionals should help them to acquire the knowledge, skills for health management. Research on self-management (SM) showed significant improvement in their health outcomes, increased quality of life, decreased health care expenditures, reduce frequent visit to hospital etc.

MATERIALS AND METHODS

Purpose of the study

- Theoretical concept of Individual and Family Self-management Theory (IFSMT),

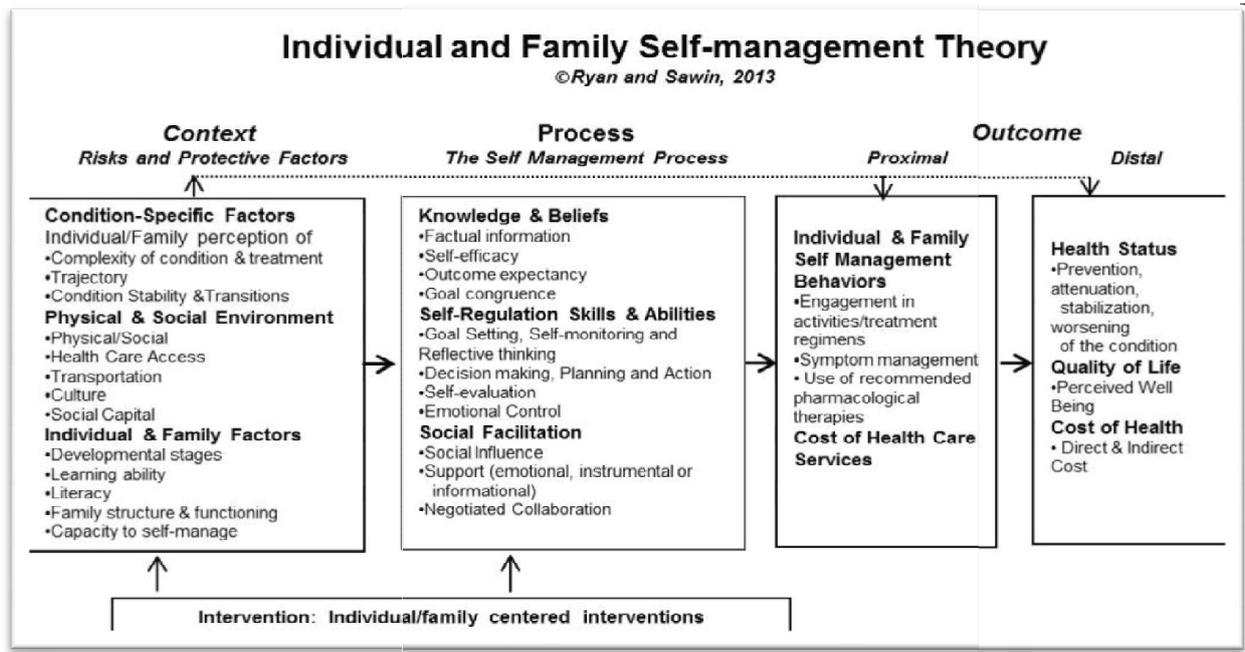
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Application of IFSMT among patients with asthma

Review of Literature

Rhee et al (2010) explored the barriers perceived by adolescents and to determine the associations between barriers and psychosocial factors that causes asthma morbidity are due to inadequate asthma self-management among 126 adolescents with asthma. Self-reported data were analyzed. Barrier (63%) of adolescents' unwillingness to give up "the things the doctors say I have to give up," followed by difficulty in remembering to take care of their asthma (53%), and then "trying to forget" that they have asthma (50%). Psychosocial factors accounted for 32%. The barriers were negativity towards medication regimen, impaired cognition, peer/family influence and denial. Self-efficacy was found to be the most influential factor that showed strong negative associations with all four barrier subscales independent of the levels of asthma control and socio demographic characteristics

Knight, (2010) identified the beliefs and self-care practices of adolescents with asthma in a private high school, where the incidence of asthma is 20%. Analysis of the data from 10 individual audiotape interviews, using a semi structured questionnaire, yielded major themes of knowledge acquisition, self-efficacy, and social support that are associated with behaviors that control asthma with better outcomes.



| Background of the theory | Application of IFSMT for asthmatics |
|--|---|
| <p>Context: Essential factors which presents as a barrier re Access to health care, transition in health care provider, transportation, and society.</p> <p>Processes and their enhancement:</p> <p><i>Knowledge & Beliefs</i> Perceptions about a health condition or health behavior <i>Self-efficacy</i> is the degree of confidence in engaging during normal and stressful situations. <i>Outcome expectancy</i> : Engaging to obtain the desired outcomes. <i>Goal congruence</i> :competing demands associated with health goals <i>Self-regulation</i>: Skills and abilities including: 1 setting goals 2 self-monitoring 3 decision making 4 planning and action 5 self- evaluation 6 responses</p> <p><i>Social facilitation</i>Includessocial influence, support, and negotiated collaboration. <i>Social influence</i> : engaging in health behaviour patterns. <i>Social support</i> : provided to a person orfamily <i>Negotiated Collaboration</i> : family roles and responsibilities.</p> <p>Outcomes: Engagement in symptom management, health behaviorspractices.</p> | <p>Identified their</p> <ul style="list-style-type: none"> • myths and realities, • barriers in health promotion activities. • severity of asthma. • Complexity of condition and treatment • family structuring <p>Identified their level of knowledge, attitude and self -efficacy using KASE_Q standardized questionnaire.</p> <p>Taught about the first aid measures during the asthma attack and coping strategies in order to overcome their illness behaviour</p> <p>Involved family members in their treatment process by proving both the individual and family counselling.</p> <p>Dealt about their disease process and the steps to be taken to avoid the asthma attack and the exacerbation of asthma attack.</p> <p>Family members demonstrated their involvement in the treatment regimens and the symptom management.</p> <p>Improvement in the Quality of life after attending the counselling session and</p> |

The Individual and Family Self-management Theory

Context, Process, and Outcomes

Rodgers proposed this descriptive theory based on deductive and inductive processes showing the relationships among components. Self Management (SM) can be hypothesized as affecting individuals, dyads, or families. SM includes specific risk and protective factors, component of the physical and social environment, and unique characteristics of individuals and family members.

Context dimension

Includes biological, physical, or functional characteristics of the condition, its treatment, or prevention needed to SM. Examples : trajectory.

Process dimension

Engage in the preventive health behaviors on self-efficacy, outcome expectancy, and goal congruence. Self -regulation and Social facilitation includes the concepts of social influence, support, and collaboration between individuals and families and health care professionals.

Outcome dimension

Outcomes is of both the proximal and distal in terms of good health status; quality of life.

Interventions

Interventions aimed at enhancing knowledge and beliefs, increase an individual's use of self-regulation behaviors and foster social facilitation.

Impact

Developing the interventions on proposed relationships .

Theoretical constructs

In "Self and Family Management Framework" Grey, Knafl, and McCorkle: This occurs within the framework of families, communities and the environment and is influenced by risk and protective factors. These contextual risk and protective factors include health status, individual factors, family factors, and environmental factors, severity of the condition, characteristics of the treatment regimen, and disease trajectory.

The process of self-regulation

Based on the Social Cognitive Theory it identifies shared impact of an individual's social and physical environment etc.,

RESULTS AND DISCUSSION

Tasks common across chronic conditions

12 tasks common to all the chronic diseases; specifically, symptom management, medications, diet, and all the lifestyle modification strategies.

Conclusion

Nurse should be educated within holistic nursing frameworks that emphasize on primary, secondary and tertiary levels of prevention eg., health promotion in care of the person including the family members to involve in the patient care to achieve quality of life as an outcome .

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