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**Titolo tesi:** Self-care of people affected by chronic obstructive pulmonary disease

### **ABSTRACT**

**Background.** Self-care in people with chronic obstructive pulmonary disease (COPD) can improve health-related quality of life, reduce hospital admissions and decrease dyspnoea. A middle-range theory of self-care in chronic illness was developed by Riegel and colleagues in 2012. In this theory, self-care is defined as a naturalist process of maintaining health and managing illness that comprises three distinct but related dimensions: self-care maintenance, self-care monitoring and self-care management. Despite the relevance of self-care in COPD, to date, no situation-specific theory on self-care in people with COPD has been developed. For this reason, the middle-range theory of self-care in chronic illness was used in this study as the conceptual framework to operationalise self-care in COPD. The research aims were to explore self-care in people with COPD, to gain an insight into their self-care experiences and perceptions, and to understand which factors influence COPD self-care.

**Methods.** As a preliminary, two systematic reviews were conducted: the first on the self-care experiences of people with COPD, and the second on the measurement properties of self-care instruments. Then, based on the results of these reviews, a convergent parallel mixed methods design study was conducted. A purposive maximum variation sampling was used to enrol people with COPD at any stage of the disease. Qualitative data were collected through focus groups, face-to-face individual interviews and an asynchronous virtual focus group. A semi-structured interview guide was used, and text were analysed using a deductive and inductive content analysis. For quantitative data collection, several validated instruments were used to investigate determinants of self-care, while for the assessment of self-care, a recently developed instrument based on the middle-range theory of self-care in chronic illness was used. Correlational statistics and multiple regression analyses were performed. To examine congruence and consistency of qualitative and quantitative results, triangulation was used.

**Results.** Thirty-seven individuals with COPD were included in the mixed methods study. Quantitative results showed that a lower COPD stage, a higher reported financial status, level of anxiety and self-efficacy were predictors of self-care maintenance. Three variables were identified as predictors of self-care monitoring: a lower age, high anxiety and the self-efficacy level. A higher financial status and a faster recognition of COPD exacerbation symptoms were the only two predictors of self-care management. The following categories, derived from the theoretical framework of self-care in COPD and its determinants, guided the deductive analyses: self-care maintenance, self-care monitoring, self-care management, personal determinants, physical determinants, psychological determinants, and social determinants. Triangulation of qualitative and quantitative data on self-care maintenance showed a 70.5% concordance between the scores of the self-care maintenance scale and the codes which emerged from participants. The integration of data on self-care monitoring revealed a concordance of 59.5% between what the informants reported in the narratives and the score on the self-care monitoring scale; only a 38.5% concordance was found between narratives and quantitative data about self-care management for the 26 persons who reported exacerbations.

**Conclusions.** This study increased understanding about self-care behaviours in people with COPD and the personal, physical, psychological and social determinants of self-care. Although the different determinants identified did not contribute equally to COPD self-care, the insight provided by using a mixed methods design confirmed their validity.



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The middle- range self-care theory of chronic illness could be implemented in the care of people with COPD. Further studies testing this theoretical framework are needed.