

1- A Middle-Range Theory of Self-Care of Chronic Illness By: <u>Riegel</u>, B (Riegel, Barbara) [1], [2]; Jaarsma, T (Jaarsma, Tiny) [3]; Stromberg, A (Stroemberg, Anna) [2] View Web of Science ResearcherID and ORCID (provided by Clarivate) **ADVANCES IN NURSING SCIENCE** Volume 35 Issue 3 Page 194-204 DOI 10.1097/ANS.0b013e318261b1ba Published **JUL-SEP 2012** Indexed 2012-07-01 **Document Type** Article

Abstract

Nearly 50% of adults have one or more chronic illnesses. Self-care is considered essential in the management of chronic illness, but the elements of self-care in this context have not been specified in a middle-range theory. This article describes a middle-range theory of self-care that addresses the process of maintaining health with health promoting practices within the context of the management required of a chronic illness. The key concepts include self-care maintenance, self-care monitoring, and self-care management. Assumptions and propositions of the theory are specified. Factors influencing self-care including experience, skill, motivation, culture, confidence, habits, function, cognition, support from others, and access to care are described.

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Keywords

Author Keywords

chronic illnessmiddle-range theoryself-care

Keywords Plus

CHRONIC HEART-FAILUREQUALITY-OF-LIFEDECISION-

MAKINGMANAGEMENTBEHAVIORHEALTHINTERVENTIONATTENTIONKNOWLEDGEEFFICACY
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2- Assessment of Activities of Daily Living, Self-Care, and Independence By: Mlinac, ME (Mlinac, Michelle E.) [1]; Feng, MC (Feng, Michelle C.) [2] View Web of Science ResearcherID and ORCID (provided by Clarivate) **ARCHIVES OF CLINICAL NEUROPSYCHOLOGY** Volume 31 Issue 6 Page 506-516 DOI 10.1093/arclin/acw049 Published SEP 2016 Indexed 2016-09-01 **Document Type** Article

Abstract

Activities of daily living (ADL) comprise the basic actions that involve caring for one's self and body, including personal care, mobility, and eating. In this review article, we (1) review useful clinical tools including a discussion on ways to approach ADL assessment across settings, (2) highlight relevant literature evaluating the relationship between cognitive functioning and ADLs, (3) discuss other biopsychosocial factors affecting ADL performance, (4) provide clinical recommendations for enhancing ADL capacity with an emphasis on self-care tasks (eating, grooming, dressing, bathing and toileting), and (5) identify interventions that treatment providers can implement to reduce the burden of ADL care.

Keywords Author Keywords AssessmentDementiaDisabilityHandicapsEveryday functioning Keywords Plus NURSING-HOME RESIDENTSOLDER-ADULTSINSTRUMENTAL ACTIVITIESCOGNITIVE IMPAIRMENTFUNCTIONAL DECLINEDEPRESSIVE SYMPTOMSEXECUTIVE FUNCTIONNEUROPSYCHOLOGICAL PERFORMANCEINFORMAL CAREGIVERSKOHLMAN EVALUATION



3- Self-care research: Where are we now? Where are we going?

By:

<u>Riegel, B</u> (Riegel, Barbara) [1], [2]; <u>Dunbar, SB</u> (Dunbar, Sandra B.) [3]; <u>Fitzsimons, D</u> (Fitzsimons, Donna) [4]; Freedland, KE (Freedland, Kenneth E.) [5]; Lee, CS (Lee, Christopher S.) [6]; Middleton, S (Middleton, Sandy) [7], [8]; Stromberg, A (Stromberg, Anna) [9] , [10] ; <u>Vellone</u>, <u>E</u> (Vellone, Ercole) [11]; Webber, DE (Webber, David E.) [12]; Jaarsma, T (Jaarsma, Tiny) [13], [14] View Web of Science ResearcherID and ORCID (provided by Clarivate) **INTERNATIONAL JOURNAL OF NURSING STUDIES** Volume 116 **Article Number** 103402 DOI 10.1016/j.ijnurstu.2019.103402 Published APR 2021 Early Access MAY 2021 Indexed 2021-06-17 **Document Type**

Article

Abstract

Background and objective: The beneficial effects of self-care include improved well-being and lower morbidity, mortality, and healthcare costs. In this article we address the current state of self-care research and propose an agenda for future research based on the inaugural conference of the International Center for Self-Care Research held in Rome, Italy in June 2019. The vision of this Center is a world where self-care is prioritized by individuals, families, and communities and is the first line of approach in every health care encounter. The mission of the Center is to lead the self-care research endeavor, improving conceptual clarity and promoting interdisciplinary work informed by a shared vision addressing knowledge gaps. A focused research agenda can deepen our theoretical understanding of self-care and the mechanisms underlying self-care, which can contribute to the development of effective interventions that improve outcomes.

Methods: During conference discussions, we identified seven major reasons why self-care is challenging, which can be grouped into the general categories of behavior change and illness related factors. We identified six specific knowledge gaps that, if addressed, may help to address these challenges: the influence of habit formation on behavior change, resilience in the face of stressful life events that interfere with self-care, the influence of culture on self-care behavioral choices, the difficulty performing self-care



with multiple chronic conditions, self-care in persons with severe mental illness, and the influence of others (care partners, family, peer supporters, and healthcare professionals) on self-care. Plans to achieve results: To achieve the vision and mission of the Center, we will lead a collaborative program of research that addresses self-care knowledge gaps and improves outcomes, create a supportive international network for knowledge transfer and support of innovations in self-care research, and support and train others in self-care research. Beyond these specific short-term goals, important policy implications of this work are discussed. (c) 2019 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/)

Keywords

Author Keywords

<u>Behavior changeCaregiversChoice behaviorGoalsHabitsHealth care costsMental illnessMultiple chronic</u> <u>conditionsSelf-careSocial support</u>

Keywords Plus

HEART-FAILUREGLYCEMIC CONTROLBEHAVIOR-CHANGEOLDER-ADULTSDEPRESSIONMULTIMORBIDITYIMPACTLIFEASSOCIATIONSCAREGIVERS



4- Data for life: Wearable technology and the design of self-care
By:
<u>Schull, ND</u> (Schull, Natasha Dow) [1]
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3
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Indexed
2016-09-01
Document Type
Article

Abstract

Over the last 5 years, wearable technology - comprising devices whose embedded sensors and analytic algorithms can track, analyze and guide wearers' behavior - has increasingly captured the attention of venture capitalists, technology startups, established electronics companies and consumers. Drawing on ethnographic fieldwork conducted 2 years running at the Consumer Electronics Show and its Digital Health Summit, this article explores the vision of technologically assisted self-regulation that drives the design of wearable tracking technology. As key artifacts in a new cultural convergence of sensor technology and self-care that I call 'data for life', wearables are marketed as digital compasses whose continuous tracking capacities and big-data analytics can help consumers navigate the field of everyday choice making and better control how their bites, sips, steps and minutes of sleep add up to affect their health. By offering consumers a way to simultaneously embrace and outsource the task of lifestyle management, I argue, such products at once exemplify and short-circuit cultural ideals for individual responsibility and self-regulation.

Keywords Author Keywords digital healthwearable technologyself-trackingself-carebig data Keywords Plus QUANTIFIED SELFBIG-DATADIGITAL HEALTHANALYTICSMEDICINETRACKING



5- The Situation-Specific Theory of Heart Failure Self-Care Revised and Updated By: Riegel, B (Riegel, Barbara) [1]; Dickson, VV (Dickson, Victoria Vaughan) [2]; Faulkner, KM (Faulkner, Kenneth M.) [2], [3] View Web of Science ResearcherID and ORCID (provided by Clarivate) JOURNAL OF CARDIOVASCULAR NURSING Volume 31 Issue 3 Page 226-235 DOI 10.1097/JCN.000000000000244 Published **MAY-JUN 2016** Indexed 2016-05-01 **Document Type** Article

Abstract

Background: Since the situation-specific theory of heart failure (HF) self-care was published in 2008, we have learned much about how and why patients with HF take care of themselves. This knowledge was used to revise and update the theory. Objective: The purpose of this article was to describe the revised, updated situation-specific theory of HF self-care. Result: Three major revisions were made to the existing theory: (1) a new theoretical concept reflecting the process of symptom perception was added; (2) each self-care process now involves both autonomous and consultative elements; and (3) a closer link between the self-care processes and the naturalistic decision-making process is described. In the revised theory, HF self-care is defined as a naturalistic decisions made by patients and the self-care actions taken. The first self-care process, maintenance, captures those behaviors typically referred to as treatment adherence. The second self-care process, symptom perception, involves body listening, monitoring signs, as well as recognition, interpretation, and labeling of symptoms. The third self-care process, management, is the response to symptoms when they occur. A total of 5 assumptions and 8 testable propositions are specified in this revised theory. Conclusion: Prior research illustrates that all 3 self-care processes (ie, maintenance,



symptom perception, and management) are integral to self-care. Further research is greatly needed to identify how best to help patients become experts in HF self-care.

Keywords Author Keywords decision makingheart failureself-careself-managementtheory Keywords Plus QUALITY-OF-LIFEMEDICATION ADHERENCESYMPTOM CLUSTERSCOGNITIVE IMPAIRMENTGENDER-DIFFERENCESOLDER-ADULTSMANAGEMENTDELAYNONCOMPLIANCEREADMISSIONS



6- The digitally engaged patient: Self-monitoring and self-care in the digital health era By: Lupton, D (Lupton, Deborah) View Web of Science ResearcherID and ORCID (provided by Clarivate) **SOCIAL THEORY & HEALTH** Volume 11 Issue 3 Page 256-270 DOI 10.1057/sth.2013.10 Published AUG 2013 Indexed 2013-09-04 **Document Type** Article

Abstract

The phenomenon of digital health has emerged as a key dimension of contemporary healthcare policy and delivery in many countries. This review article focuses on one aspect of digital health discourses: the concept of patient engagement that encourages patients to take up the new digital media technologies to engage in self-monitoring and self-care, or what I term 'the digitally engaged patient'. A critical approach is adopted to examine the sociocultural dimensions of eliciting patients to become 'digitally engaged' in their own medical care and preventive health efforts. It is argued that the techno-utopian discourses articulated in the mainstream healthcare policy Literature concerning the possibilities and potentialities afforded by digital health technologies do not acknowledge the complexities and ambivalences that are part of using self-monitoring and self-care technologies for monitoring health and illness states, both for patients and for healthcare providers. These include the surveillance and disciplinary dimensions of using these technologies, the emotions and resistances they provoke, their contribution to the burden of self-care and the invisible work on the part of healthcare workers that they require to operate.

Keywords Author Keywords digital healthdigital mediahealthcarepatient engagementtelemedicinesociology



Keywords Plus

SOCIAL

MEDIATECHNOLOGIESWORKCOMMUNICATIONTELEMEDICINEINFORMATIONEXPERIENCEMEDICINEIDEN TITYPOLITICS



7- Correlations between Diabetes Mellitus Self-Care Activities and Glycaemic Control in the Adult Population: A Cross-Sectional Study

By:

Popoviciu, MS (Popoviciu, Mihaela Simona) [1], [2]; Marin, VN (Marin, Violeta Nicoleta) [3]; Vesa, CM (Vesa, Cosmin Mihai) [1], [2]; Stefan, SD (Stefan, Simona Diana) [3], [4]; Stoica, RA (Stoica, Roxana Adriana) [3] ; Serafinceanu, C (Serafinceanu, Cristian) [3] , [4] ; Merlo, EM (Merlo, Emanuele Maria) [5]; Rizvi, AA (Rizvi, Ali A.) [6], [7]; Rizzo, M (Rizzo, Manfredi) [3], [7], [8]; Busnatu, S (Busnatu, Stefan) [9]; ... More View Web of Science ResearcherID and ORCID (provided by Clarivate) **HEALTHCARE** Volume 10 Issue 1 **Article Number** 174 DOI 10.3390/healthcare10010174 Published JAN 2022 Indexed

2022-01-30 Document Type

Article

Abstract

Although it is well known that lifestyle changes can affect plasma glucose levels, there is little formal evidence for the sustained effectiveness of exercise and diet in diabetes mellitus (DM) management. Self-care in DM refers to the real-life application of the knowledge that the patient gained during the education programmes. The goals are to bring about changes in the patient's behaviour, thus improving glycaemic control. We evaluated the influence of DM self-care activities (SCA) on glycaemic control in a total of 159 patients with DM. Plasma glycated haemoglobin (HbA1c) levels were used to monitor glycaemic control, while SCA were assessed using the standardised Diabetes Self-Management Questionnaire (DSMQ). In our study, 53% of the patients had a HbA1c \geq 7%. In univariate linear regression models, a statistically significant inverse association was observed between the HbA1c (the dependent variable) and both the DSMQ Dietary Control Score (R2 = 0.037, p = 0.0145) and the DSMQ Sum Score (R2 = 0.06, p = 0.0014). The mean absolute change in the HbA1c% associated with one standard deviation (SD) change in the DSMQ Sum Score, independent of the other significant variables retained in the compacted multivariate regression model, was -0.419% (confidence interval: 95%: from -0.18 to -0.65). Although the impact of the



DSMQ Score was modest when compared to the other independent variables in the multivariate model, the findings emphasise the importance of maintaining optimal lifestyle changes to avoid hyperglycaemia and its complications. In conclusion, enhanced self-management of DM is associated with improved glucose control. In patients with chronic diseases such as DM, the role of streamlining SCA encompassing physical activity and proper dietary choices is imperative because of a significantly reduced access to healthcare globally as a result of the COVID-19 pandemic.

Keywords

Author Keywords diabetes mellitusdiabetes self-management questionnairephysical activityself-care activitiesglycaemic controlprevention Keywords Plus MANAGEMENT EDUCATIONBLOOD-GLUCOSEEFFICACYRECOMMENDATIONSINTERVENTIONSPREVALENCEKNOWLEDGE



8- Self-Care for the Prevention and Management of Cardiovascular Disease and Stroke A Scientific Statement for Healthcare Professionals From the American Heart Association By:

<u>Riegel, B</u> (Riegel, Barbara); <u>Moser, DK</u> (Moser, Debra K.); <u>Buck, HG</u> (Buck, Harleah G.); <u>Dickson,</u> <u>VV</u> (Dickson, Victoria Vaughan); <u>Dunbar, SB</u> (Dunbar, Sandra B.); <u>Lee, CS</u> (Lee, Christopher S.); <u>Lennie,</u> <u>TA</u> (Lennie, Terry A.); <u>Lindenfeld, J</u> (Lindenfeld, JoAnn); <u>Mitchell, JE</u> (Mitchell, Judith E.); <u>Treat-Jacobson,</u> <u>DJ</u> (Treat-Jacobson, Diane J.); ...More

Group Authors:

<u>Amer Heart Assoc Council Cardiovas</u> (Amer Heart Assoc Council Cardiovas) ; <u>Council Peripheral Vasc</u> <u>Dis</u> (Council Peripheral Vasc Dis) ; <u>Council Quality Care Outcomes Res</u> (Council Quality Care Outcomes Res) View Web of Science ResearcherID and ORCID

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JOURNAL OF THE AMERICAN HEART ASSOCIATION

Volume 6 Issue 9 Article Number e006997 DOI 10.1161/JAHA.117.006997 Published SEP 2017 Indexed 2017-11-03 Document Type Article

Abstract

Self-care is defined as a naturalistic decision-making process addressing both the prevention and management of chronic illness, with core elements of self-care maintenance, self-care monitoring, and self-care management. In this scientific statement, we describe the importance of self-care in the American Heart Association mission and vision of building healthier lives, free of cardiovascular diseases and stroke. The evidence supporting specific self-care behaviors such as diet and exercise, barriers to self-care, and the effectiveness of self-care in improving outcomes is reviewed, as is the evidence supporting various individual, family-based, and community-based approaches to improving self-care. Although there are many nuances to the relationships between self-care and outcomes, there is strong evidence that self-care is effective in achieving the goals of the treatment plan and cannot be ignored. As such, greater emphasis should be placed on self-care in evidence-based guidelines.



Keywords

Author Keywords

AHA Scientific Statementscardiovascular diseasepreventionself-carestroke

Keywords Plus

ACUTE CORONARY SYNDROMECOLLEGE-OF-CARDIOLOGYCLINICAL-PRACTICE GUIDELINESRANDOMIZED CONTROLLED-TRIALMOBILE PHONE INTERVENTIONSPERIPHERAL ARTERY-DISEASESITUATION-SPECIFIC THEORYLIFE-COURSE APPROACHPHYSICAL-ACTIVITYFAILURE PATIENTS



9- Effectiveness of smartphone-based self-management interventions on self-efficacy, selfcare activities, health-related quality of life and clinical outcomes in patients with type 2 diabetes: A systematic review and meta-analysis

By:

Aminuddin, HB (Aminuddin, Haziqah Binte) [1]; Jiao, NN (Jiao, Nana) [1]; Jiang, Y (Jiang, Ying) [1]; Hong, JF (Hong, Jingfang) [2]; Wang, WR (Wang, Wenru) [1] View Web of Science ResearcherID and ORCID (provided by Clarivate) **INTERNATIONAL JOURNAL OF NURSING STUDIES** Volume 116 Article Number 103286 DOI 10.1016/j.ijnurstu.2019.02.003 Published APR 2021 Early Access MAY 2021 Indexed 2021-06-17 **Document Type**

Review

Abstract

Objectives: To review the evidence and determine the effectiveness of smartphone-based selfmanagement interventions on self-efficacy, self-care activities, health-related quality of life, glycated hemoglobin, body mass index (BMI), and blood pressure (BP) levels of adults with type 2 diabetes mellitus

Methods: A systematic search of five databases (PubMed, Embase, Cochrane, CINAHL and Scopus) was conducted. Studies published in English from January 2007 to January 2018 were considered. Only randomized controlled trials (RCTs) of smartphone-based self-management interventions for patients with type 2 diabetes mellitus that reported any of the study outcomes were included. Two reviewers independently screened the studies, extracted data and assessed the quality of the studies. Meta-analyses were conducted for the different study outcomes.

Results: A total of 26 articles, consisting of 22 studies with 2645 participants, were included in the review. The results from meta-analysis on the studies revealed that as compared to control group, participants received smartphone-based self-management intervention had better self-efficacy with large effect size



of 0.98 (P < 0.001), self-care activities with effect size of 0.90 (P < 0.001), health related quality of life with effect size of 0.26 (p=0.01), and lower glycated hemoglobin (pooled MD=-0.55; p<0.001). Subgroup analyses were also conducted for self-efficacy as significant heterogeneity was present among the studies. The effects on BMI and BP were not statistically significant.

Conclusions: Smartphone-based self-management interventions appear to have beneficial effects on selfefficacy, self-care activities and health-relevant outcomes for patients with type 2 diabetes mellitus. However, more research with good study design is needed to evaluate the effectiveness of smartphonebased self-care interventions for T2DM

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Keywords

Author Keywords

<u>Meta-analysisReviewSelf careSelf efficacySelf-managementSmartphoneType 2 diabetes mellitus</u> Keywords Plus

RANDOMIZED CONTROLLED-TRIALSHORT-MESSAGE SERVICEGLYCEMIC CONTROLMOBILE PHONEEDUCATIONMELLITUSADULTSPEOPLETECHNOLOGYCOMPONENTS