

Evaluation of Disease Management and Self-Care Needs in Individuals with Chronic Kidney Disease

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INTRODUCTION

Evaluating how much individuals participate in their own health is only possible by evaluating their self-care management. It is of great importance for individuals diagnosed with chronic diseases to adapt to their illness and lifestyle changes in resolving their existing or future problems. This state of adaptation is only possible by increasing their self-care, and by being able to manage their self-care. One of the initiatives to empower patients to manage their self-care is to evaluate the quality and effectiveness of chronic disease care and services provided to patients. This study aims to propose a solution by evaluating whether the care needs of individuals with chronic diseases are adequately met and at what points problems occur.

METHODS

The research was carried out in a descriptive and correlational model and sought answers to the following questions:

Is the nursing care given to individuals with chronic diseases sufficient to meet the needs of the patient?

What are the self-care needs of individuals with chronic diseases?

Is there a relationship between the nursing care given to individuals with chronic diseases and their self-care needs?

The sample size was determined to be 262 using the G-Power 3.1.9.4 package program, considering an effect size (p) of 0.2, an alpha error of 0.05, and a power probability of 95%. Information was gathered via in-person interviews with individuals who fulfilled the research inclusion criteria and consented to take part. Once the participants were provided with information regarding the research, data was gathered using the Introductory Information Form, Chronic Disease Care Assessment Scale, and Self-Care Evaluation Scale.

RESULTS

Among the entire patient population, 123 individuals (51.7%) are male, while 115 individuals (48.3%) are female. The average age of the patients was 56,820±14,897, ranging from a minimum of 18 to a maximum of 86. Approximately 63.4% of patients receive treatment for a period of 4 years or more. Out of the patients, 159 individuals (66.8%) were categorized as married based on their marital status. A total of 114 individuals, representing 47.9% of the sample, were identified as retired. Additionally, 25 patients, constituting 10.5% of the total, expressed their inability to adapt to the disease. Out of the patients, 139 individuals (58.4%) held the belief that drugs could provide treatment, while 57 individuals (23.9%) acknowledged that drugs could treat but presented numerous side effects. Among the patients, 76 individuals (31.9%) reported forgetting to take their medications 1-2 times, 37 individuals (15.5%) reported forgetting more than once, and 20 individuals (84.5%) did not attend their regular check-ups. Out of the total number of patients, 100 (42.0%) reported experiencing stress.

Table 1. Chronic Disease Care and Self-Care Ability Score Averages

	N	Ave	SD	Min.	Max.	Alpha
Chronic Disease Care General	238	4,209	0,790	1,000	5,000	0,945
Patient Participation	238	4,347	0,778	1,000	5,000	0,912
Decision Making	238	4,420	0,784	1,000	5,000	0,899
Setting a Goal	238	4,101	0,928	1,000	5,000	0,924
Problem Solving	238	4,235	0,871	1,000	5,000	0,921
Monitoring Coordination	238	4,086	1,042	1,000	5,000	0,906
Self-Care Total	238	104,294	18,632	36,000	139,000	0,890

Table 2. Correlation Analysis Between Chronic Disease Care and Self-Care Scores

		Total Self- Care Power
Chronic Disease Care General	r	0,163*
	p	0,012
Patient Participation	r	0,164*
	p	0,011
Decision Making	r	0,197**
	p	0,002
Setting a Goal	r	0,103
	p	0,114
Problem Solving	r	0,171**
	p	0,008
Monitoring Coordination	r	0,125
	p	0,053

The correlation coefficient (r) between chronic disease care in general and self-care power in total is 0.163, indicating a positive but weak relationship (p=0.012, p<0.05). There is a correlation coefficient of 0.164 between patient participation and self-care power total scores. There is a weak positive correlation (p=0.011, p<0.05) between decision-making and self-care power, with a correlation coefficient of 0.197. A statistically significant positive correlation (p=0.002 0.05) was observed between problem solving and total self-care skills (r=0.171).

Table 4. Factors Affecting Self-Care Power (Stepwise Regression)

Independent Variable	Non-Standardized Coefficients		Standard Coefficient	t	p	%95 Confidence Range	
	B	SE				Alt	Üst
Constant	87,550	5,101		17,162	0,000	77,500	97,600
Education Status	5,201	1,453	0,229	3,579	0,000	2,338	8,063
Smoking	-6,054	2,982	-0,130	-2,030	0,043	-11,930	-0,179
*Dependent Variable = Self-Care Power Total, R=0,246; R²=0,053; F=7,595; p=0,001; Durbin Watson Value=1,413							

A stepwise regression analysis has significant factors that influence self-care (F=7.595; p=0.001 0.05). The education and smoking status accounted for 5.3% of the variation in Self-Care (R2=0.053). Education positively correlates with self-care (β=0.229). Smoking leads to a decrease in self-care (β=-0.130).

Table 3. Factors Affecting Chronic Disease Care (Stepwise Regression)

Independent Variable	Non-Standard Coefficient		Standard Coefficient	t	p	%95 Confidence Range	
	B	SE				Min	Max
Constant	3,489	0,288		12,097	0,000	2,920	4,057
Self Care Total	0,007	0,003	0,163	2,536	0,012	0,002	0,012
*Dependent Variable = Chronic Disease Care General R=0,163; R²=0,022; F=6,434; p=0,012; Durbin Watson Value=2,306							

A stepwise regression analysis has a significant impact on chronic disease care (F=6.434; p=0.012 0.05). The self-care accounts for 2.2% (R2=0.022) of the overall change in the level of Chronic Disease Care. Self-Care has been found to have a positive impact on the overall level of chronic disease care (β=0.163).

CONCLUSION

The findings of this study demonstrate that The Power of Self-Care enhances the overall quality of care for chronic diseases. The level of self-care power is positively correlated with one's educational status. Smoking status diminishes the degree of capability for self-care. It is advisable to enhance patient awareness regarding self-care through the provision of training sessions. These sessions should be tailored to the specific needs of each patient, while considering the various factors that may impact their self-care practices. It is advisable to ascertain the beliefs and incompatibilities of patients and implement behavior modification strategies, as well as design training programs aimed at enhancing compliance and self-care practices.