

A realist review of motivational mechanisms for self-care for patients living at home with non-communicable diseases

Authors:

Catharina Lindberg^{1*}, Cecilia Fagerström^{1,2}, Mirjam Ekstedt^{1,3}

- ¹ Department of Health and Caring Sciences, Linnaeus University, Växjö/Kalmar, Sweden
- ² Research Section, Region Kalmar County, Kalmar, Sweden
- ³ Department of Learning, Informatics, Management and Ethics (LIME), Karolinska Institutet, Stockholm, Sweden



Background

- A trend of care shifting from hospitals to patients' home
- Patients take greater responsibility for their own care, becoming *co-creators* of care
- For patients with non-communicable diseases, self-care is often lifelong
- Outcomes from self-care interventions are inconsistent making it challenging to understand what strategies work, for whom, and in which contexts
- The understanding of the psychological processes that drive motivation for specific self-care behaviors is still somewhat limited





Objectives

To identify key mechanisms that enhance motivation for self-care in patients living with non-communicable diseases at home, informing future interventions to better support patients in their self-care efforts.





Methods

Design: Realist review.

- 1) We developed an *initial programme theory*
- 2) Systematic iterative search in *databases* ASSIA, CINAHL, PubMed, and PsycINFO for scientific articles published between January 2015 and March 2024
- 3) Data analysis and synthesis following the steps of realist review combined deductive and inductive analysis to identify content related to contexts, mechanisms, and outcomes, iteratively tested to refine and develop a *revised programme theory*.





Results

Summary of metadata

56 studies published between 2015–2022 were included in the review

All continents with a resident population were represented in data

Most of the studies were conducted in Europe (n = 32), in North America (n = 12), and in Asia (n = 8)

The included studies concerned NCDs such as diabetes (n = 30), cancer (n = 8), chronic respiratory diseases (n = 5), or cardiovascular diseases (n = 16)

Information about underlying theories (n = 25), the most common theoretical approach was social behavioural theories (n = 16)





Synthesis of the findings

MECHANISMS CONTEXTS Which are the key In what contexts and for mechanisms that foster whom are self-care intrinsic motivation for interventions intended to self-care interventions in work? persons living at home with non-communicable diseases? Autonomy

Competence

Relatedness

OUTCOMES

In what respects do selfcare interventions provide meaningful outcomes?



Synthesis of the findings

Contexts (C)

'Patients with serious deterioration due to chronic illness'

'Patients handling medical care at home'

'Patients receiving structured home care'

Contexts associated with a person's state of illness

'Patients undergoing lifestyle changes'

'Patients recently discharged from hospital'

'Patients admitted to rehabilitation'

'Patients receiving digital support'

Contexts associated with a person's need for motivation

'Patients with poorly controlled illness'

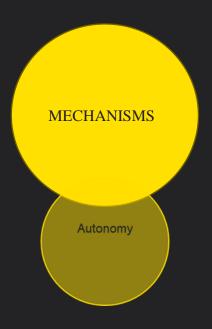
Context associated with both a person's state of illness and their need for motivational support

CONTEXTS

In what contexts and for whom are self-care interventions intended to work?



The motivational key mechanisms of autonomy

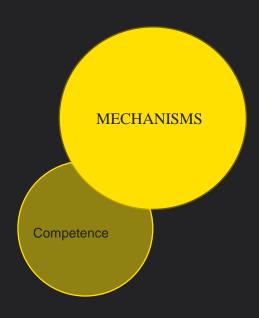


- Freedom of choice
- Active agent
- Engagement
- Being involved
- Adherence
- Tailored care support

'I was told I must eat differently, but the doctor never discussed with me how I must eat (Male, 34 years old)' (43, p.5).



The motivational key mechanisms of <u>competence</u>

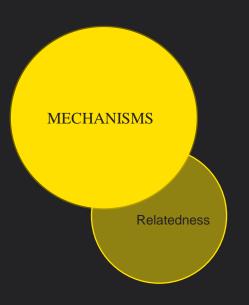


- Awareness & understanding
- Disease-specific knowledge
- Educational guidance and support
- Professional guidance & support
- Technical guidance and support

'I started to pay more attention to my diet. You know that they're going to call.../... I have learned a lot about self-monitoring' (46, p. 4).



The motivational key mechanisms of <u>relatedness</u>



- Partnership
- Togetherness
- Social interaction
- Face-to-face
- One-to-one care
- Accessibility
- Follow-ups

'He said I'll put on Lipitor because that's much easier than changing your diet' (37, p. 812).



Outomes (O) of self-care

• Perceived health

Experienced as meaningful for the person him-/herself

- Readiness to change
- Confidence in self-care
- Independence in care
- Sense of security
- Self-care competence
- Risk awareness

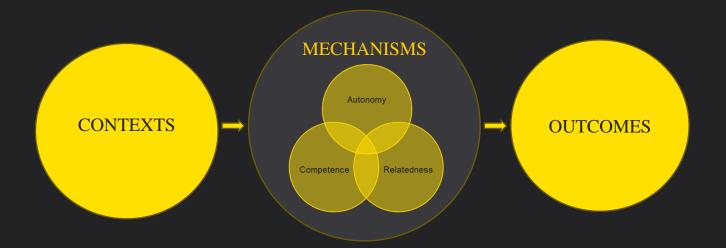
Could be directly connected to behaviour change

OUTCOMES

In what respects do selfcare interventions provide meaningful outcomes?



Conclusions



- Motivational mechanisms for self-care can work independently or together, depending on individual needs, resources, and motivation levels.
- The results suggest significant diversity in the key mechanisms driving self-care motivation, when causality is difficult to prove with traditional methods.
- To ensure patient safety by motivating adherence to self-care activities, it is important to recognize the uniqueness of each individual when planning self-care interventions. This make group-level interventions particularly challenging.



Thank you for your attention!

Catharina Lindberg

RN, PhD, Senior Lecturer Linnaeus University Faculty of Health and Life Sciences Department of Health and Caring Sciences SE-351 95 Växjö Sweden catharina.lindberg@lnu.se



https://lnu.se/en/research/research-groups/the-reaction-group---resilient-healthcare-and-patient-activation/

