

What Level of Self-Care Agency in Mental Illness? The Factors Affecting Self-Care Agency and Self-Care Agency in Patients with Mental Illness



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A B S T R A C T

The purpose of this study is to evaluate self-care agency and the factors affecting self-care agency in patients with psychiatric disorders. The population of the study comprised patients diagnosed with mental disorders at the clinics of psychiatry in Erzurum Regional Training and Research Hospital and Atatürk University Research Hospital. Patient information forms and the Self-Care Agency Scale were used to collect the study data. Psychiatric nurse collected the data from the patients face to face. This study determined that the average age of the patients was determined to be 32.19 ± 1.11 . The findings indicated that the mean self-care agency level of the patients was 79.3 ± 23.2 . It was also found that the differences between sex, educational status, socio-economic status, and self-care agency levels were statistically significant ($p < 0.05$). In conclusion, the patients' self-care agency levels were determined to be mid-level. The findings suggest that people with mental disorders have difficulty identifying their need for self-care. Thus, periodic training programs are necessary to increase self-care levels and further research studies of this type should be done on larger groups.

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In recent times, protecting, maintaining, and promoting health are being prioritized over simply treating disorders. Today, the purpose of treating chronic diseases is not to rehabilitate or cure people but instead to increase their ability to adapt to the disorder and engage in treatment programs, as well as to enhance their quality of life through cooperation (Erdoğan & Karaman, 2008). Therefore, the role of the nurse in health care has also changed and is focused more on the concept of "self-care" (Velioglu, 2012).

As with all disorders, nurses must be aware of the levels of self-care agency and factors affecting in order to plan the care program best suited to the patients and to support self-care agency in the case of mental disorders. An investigation of existing studies indicates that there is a wealth of research regarding the self-care agency levels of people with various chronic disorders (hypertension, diabetes, renal failure, etc.) (Akduman, Bolışık, & Sönmez, 2004; Bakoğlu, Şekerci, Yaman, & Çevik, 2009; Bakoğlu & Yetkin, 2000; Callaghan, 2006; Holmes & Deb, 2003; Kara, 2001; Karabulutlu & Tan, 2005; Karagozoglu, Ayse Arıkan, & Eraydin, 2012; Kıyak & Ergüney, 2002; Özkan & Durna, 2006; Savaşan, 2009; Süzek & Çakmak, 2004; Tel, Saraç, Günaydın, Medik, & Doğan, 2010; Yurtsever & Kuyurtar, 2005). However, apart from one study reviewing self-care agency in schizophrenic patients (Çorçem & Partlak Günüşen, 2010), there have been no studies that focus on evaluating the factors affecting and self-care agency of individuals with mental disorders. Based on the necessity for further research, the aim of the current study is to investigate self-care agency in people with mental disorders and the factors that affect it. Fig. 1 represents the research model for this study.

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LITERATURE REVIEW

The concept of self-care was developed by Dorethea Orem. According to Orem, the scope of nursing should include a focus on maintaining human health and life, keeping it free of disease and infirmity, and meeting the human needs that are necessary to cope with the negative effects of diseases. In other words, nursing should involve undertaking personal care (Orem, 2001).

Self-Care

Self-care Deficit Nursing Theory is comprised of six central concepts and one peripheral concept. The six central concepts are self-care, therapeutic self-care requisites, self-care agency, self-care deficit, nursing agency, and the nursing system. The seventh concept is the basic conditioning factors affecting the self-care agency of an individual. In addition to these concepts, the other concepts used in the theory are dependent care and dependent care agency, agency components of self-care-agency, agency components of nursing-agency, and self-care agent (Fawcett, 2005; Orem, 2001).

Self-Care

It is explained as the activities initiated and performed by individuals to maintain their life, health, and well-being. Self-care is behaviors learned by personal curiosity, education, and experiences among people (Orem, 2001).

Therapeutic Self-Care Requisites

Orem defines the *therapeutic self-care requisites* as the totality of the self-care actions required to be performed by the individuals for health

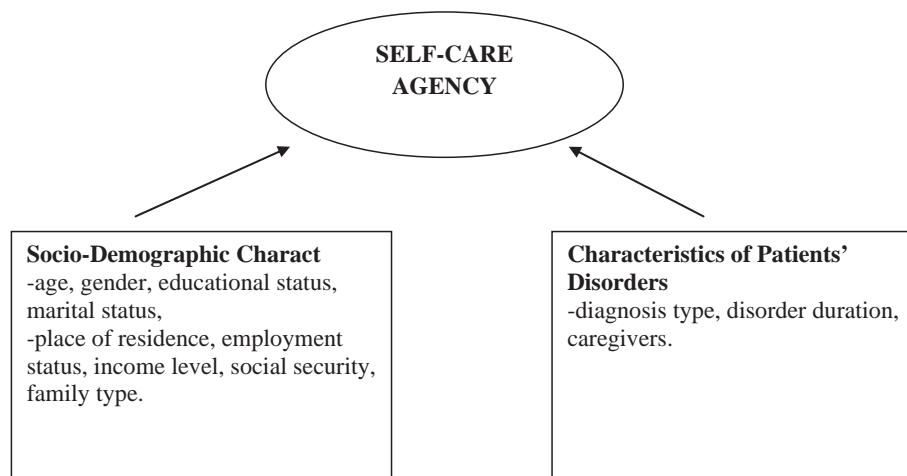


Fig. 1. The research framework for this study.

promotion and prevention from the diseases (Orem, 2001). Self-care requisites are analyzed under three sub-dimensions. They are;

- Universal Self-care
- Health Deviation Self-care
- Developmental Self-care (Alligood & Tomey, 2006; Velioglu, 2012).

Self-Care Agency

According to Orem, an individual needs to have sufficient self-care agency in order to meet his/her self-care requisites. Self-care agency is the skill to initiate or perform the health activities in order to maintain one's life, health, and well-being (Orem, 2001; Taylor, Geden, Isaramalai, & Wongvatuanya, 2000). In order words, self-care agency is the composition of the action and agency factors that determine people's self-care performance in relation to improving and maintaining their own health. It also describes people's ability to initiate and apply health activities for their own lives and health and for the maintenance of their well-being (Akduman et al., 2004; Nahçıvan, 2004; Özkan & Durma, 2006). This ability is affected by people's age, gender, socio-cultural status, economic status, educational status, and the level of information available to them (Orem, 2001). When the main human requirements are sufficiently met, self-care agency supports health and well-being. It follows, therefore, that healthy people must have a sufficient self-care agency level in order to meet their main requirements (Bakoğlu et al., 2009). In other words, self-care agency is a complex and acquired ability of the individual that provides the arrangement and impact on his/her life process in order to meet the constant care requisites. This ability, which shows change and development from childhood to the old age, is an ability developed through self-learning process, mental activity, curiosity, education, supervision, and experience (Akduman et al., 2004; Bakoğlu & Yetkin, 2000).

Basic Conditioning Factors

The basic conditioning factors are grouped under ten titles as the individual's age, gender, health state, developmental state, socio-cultural characteristics, health care system, family system, lifestyle, environmental state, resource adequacy and availability (Alligood & Tomey, 2006; Dalton, Garvey, & Samia, 2006; Fawcett, 2005). These factors affect the self-care requisites and agency of the individual (Fawcett, 2005).

Self-Care Deficit

Self-care deficit arises if the self-care requisites are at a level beyond the self-care agency of an individual (Orem, 2001).

Nursing Agency

Nursing agency is defined as the specialized knowledge of illness to be used by nurses while helping the individual, nursing

experience, their ability to test self-care agency of the individual and to define their requirements, as well as their education and speciality in that field (Kumar, 2007; McEwen & Wills, 2005; Orem, 2001).

Nursing System

The nursing system is comprised of the nursing practices implemented by the nurse to meet certain therapeutic self-care requisites or self-care deficit for an individual or a patient. Orem defined three types of nursing system to meet the requisites of a healthy or a sick individual. They are;

- Wholly compensatory (to meet the requisite as a whole) nursing system
- Partial compensatory (partially meeting the requisite) nursing system
- Supportive and educative nursing system (Orem, 2001).

MATERIALS AND METHODS

Study Design and Sampling

The population for this descriptive study consisted of patients diagnosed (according to Diagnostic and Statistical Manual of Mental Disorders-V-text revision criteria) with a mental disorder who applied to the psychiatry clinics of a public hospital and a university hospital. The sample group comprised 155 individuals who were diagnosed with a mental disorder at least three months before December 2013 and March 2014. The inclusion criteria to be met by patient to be included within the scope of the study were determined as:

- ✓ who were not in the midst of an attack,
- ✓ were not experiencing any loss of ability,
- ✓ were undergoing polyclinic controls, or were admitted to the psychiatry clinic and agreed to participate in the study.

No restriction in terms of the type of mental illness was made during execution of the study. Undoubtedly, different mental illnesses have different effects on individuals; however, the main point in this study was to determine how the self-care of individual with mental illness was affected rather than the reflections of a certain mental illness on an individual. Based upon these opinions, it was considered that interviewing the individuals experiencing different mental illnesses would contribute to the results of the study.

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