

Promoting self-care management in patients with Chronic Obstructive Pulmonary Disease (COPD): a path of action research

COPD is a chronic disease that negatively influences the energy level available for selfcare. Patients carriers of COPD need to develop competences to manage the therapeutic regime (ex. Dispnea autocontrol; perform inhalation therapy; identify exacerbations of the disease) in order to control the progression of the disease. The patient's competence to manage the therapeutic regimen can influence the health condition, the autonomy in selfcare, and the quality of life.

With this study we intend to contribute towards the continuous improvement of the quality of care, through the development of a therapeutic approach progressively more systemized, focused on the promotion of the management of the therapeutic regimen in patients with COPD.

We use a constructivist research paradigm and a participative action-research (AR) methodology. For data collection we used qualitative and quantitative strategies simultaneously, resorting to comparative and iterative data analysis. The study occurred in an inpatient service and in the outpatient service of a portuguese hospital and counted with the participation of 52 nurses. We used strategies that promote the participation and internal commitment of nurses, in order to facilitate change.

The cycle of AR undertaken, brought change in the care model in use, which evolved from a logic of the management of the signs and symptoms of the disease, to a vision progressively more focused

on the management of the therapeutic regimen. For this, we built and implemented guidelines for nursing actions, that improved the continuity of care and the monitoring of outcomes. Regarding the organization of care, the change allowed the optimization of the sharing of information, with the intention of promoting continuity of care. The implemented change allowed the reorganization of the nursing consultation, ensuring greater accessibility of patients to nursing care. In the documentation of nursing care we see a significant increase in documentation of data relating to selfcare - management of the therapeutic regimen. Once the change was stabilized, we were able to see an improvement in the continuity of care and an increase in the documentation of information valid for monitoring the impact of the therapeutic nursing action on the patient's health condition.

The results show that the patients with the most appropriate levels of awareness are those who have better outcomes in terms of gains in knowledge and skills to manage the therapeutic regimen.

This study shows that the dynamics of the organizational and logistic processes inherent to change, the aggregation of intent and the objectives of all those involved and the development/availability of resources that support decision-making, are key factors in the change. The availability and the stability of the resources are key functions of the organizations to ensure change. The involvement and participation of

those affected in the conception, implementation and evaluation of change, through the promotion of consenses and the inter-colaboration, are centrals aspects in developing a culture conducive of the continuous improvement of the quality of nursing care and research.

The systemization of the therapeutic action implemented was a relevant contribution towards the continuous improvement of the quality of nursing care to patients with COPD.

José Miguel Padilha

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Programa de Doutorado em Enfermagem,
Universidade Católica Portuguesa, Instituto de Ciências
da Saúde do Porto, Portugal
miguelpadilha@esenf.pt

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