NURSES’ MOTIVATING PRACTICES IN SELF-MANAGEMENT SUPPORT, A SELF-DETERMINATION THEORY PERSPECTIVE

Problem statement

Chronic conditions account for more than half of the global disease burden. Today, patients living with a chronic condition are expected to take a more active role in dealing with the physical, psychosocial and social demands of their disorder. To achieve optimal self-management, patients often require professional support. Nurses are challenged to drop their expert role and form partnerships with patients.

Evidence demonstrates that nurses often control the process of self-management and leave little room for patients’ autonomy. According to the Self-Determination Theory (SDT), a motivating and autonomy-supportive healthcare climate has beneficial effects on health behaviour outcomes, whereas a demotivating, controlling climate might lead to adverse effects on e.g. patients’ motivation and health behaviour (Ryan & Deci, 2000; Ng et al., 2012). This study aimed to explore nurses’ motivating practices in chronic care SMS and its association with person-related antecedents – derived from the SDT.

Methods

Cross-sectional multicentre study within a random clustered sample of hospitals and home care organizations in Belgium. Nurses with at least 50% of their patients living with a chronic illness were eligible to participate. Data were collected through validated self-reporting instruments between January 2016 and May 2017. Motivating versus demotivating practices were measured by a validated vignette-based questionnaire. Four behavioural options can be distinguished i.e. an autonomy-supportive, structuring, controlling, or chaotic practice in chronic condition management. Person-related antecedents were measured with the Basic Psychological Need Satisfaction and Need Frustration Scale, the Patient-invested Contingent Self-esteem Scale and the Dutch version of the Maslach Burnout Inventory.

Results & implications

The results will be available by the summer of 2017. Results will learn us if nurses establish a motivating, and thereby autonomy-supportive, or rather demotivating and controlling healthcare climate. The results will indicate what might be the predictive value of person-related antecedents on (de)motivating practices. The results can inform the development of an intervention to train nurses in giving autonomy to chronic patients in the management of their condition.

References
