

# Influence of self-determination processes in the self-care of people with chronic diseases: Integrative review

**RESUMO** | Objetivo: identificar a influência dos processos de autodeterminação na adesão ao autocuidado por pessoas com doenças crônicas. Método: revisão integrativa da literatura nas bases de dados PUBMED, LILACS/BDENF, WEB OF SCIENCE, MEDLINE, CINAHL, SCOPUS. Incluíramos artigos publicados janeiro/2018 a abril/2022, em português, inglês ou espanhol. A extração dos dados de cada artigo foi tabulada em uma planilha do Google Sheets, contendo título, autor, ano, país da pesquisa, metodologia informada pelo autor, número de participantes e objetivos. Resultados: Foram identificados 542 estudos, que após critérios de seleção restaram 08 estudos para análise final. Após leitura integral, emergiram duas categorias: Intervenções diretas que influenciam na autodeterminação e o autocuidado para a DCNT; Aspectos biopsicossociais/ determinantes influenciam na autodeterminação e o autocuidado para a DCNT. Conclusão: Autocuidado pode ser influenciado por abordagens e estratégias adotadas pelos profissionais da saúde, associando autodeterminação ao autocuidado, obtendo melhor aceitação da condição crônica de saúde.

**Descritores:** Doenças Crônicas; Autocuidado; Promoção da saúde. Cuidado

**ABSTRACT** | Objective: to identify the influence of self-determination processes on adherence to self-care by people with chronic diseases. Method: integrative literature review in PUBMED, LILACS/BDENF, WEB OF SCIENCE, MEDLINE, CINAHL, SCOPUS databases. They only included articles published from January/2018 to April/2022, in Portuguese, English or Spanish. The extraction of data from each article was tabulated in a Google Sheets spreadsheet, containing title, author, year, country of the research, methodology informed by the author, number of participants and objectives. Results: 542 studies were identified, which after selection criteria left 08 studies for final analysis. After full reading, two categories emerged: Direct interventions that influence self-determination and self-care for CNCD; Biopsychosocial/determining aspects influence self-determination and self-care for NCDs. Conclusion: Self-care can be influenced by approaches and strategies adopted by health professionals, associating self-determination with self-care, obtaining better acceptance of the chronic health condition.

**Keywords:** Chronic diseases; self-care; Health promotion. Care

**RESUMEN** | Objetivo: identificar la influencia de los procesos de autodeterminación en la adherencia al autocuidado de personas con enfermedades crónicas. Método: revisión integrativa de la literatura en las bases de datos PUBMED, LILACS/BDENF, WEB OF SCIENCE, MEDLINE, CINAHL, SCOPUS. Se incluyeron solo artículos publicados entre enero/2018 y abril/2022, en portugués, inglés o español. La extracción de datos de cada artículo fue tabulada en una hoja de cálculo Google Sheets, conteniendo título, autor, año, país de la investigación, metodología informada por el autor, número de participantes y objetivos. Resultados: Se identificaron 542 estudios, que después de criterios de selección quedaron 08 estudios para análisis final. Después de la lectura completa, surgieron dos categorías: Intervenciones directas que influyen en la autodeterminación y el autocuidado de las ECNT; Los aspectos biopsicosociales/determinantes influyen en la autodeterminación y el autocuidado de las ENT. Conclusión: El autocuidado puede ser influenciado por enfoques y estrategias adoptadas por los profesionales de la salud, asociando la autodeterminación con el autocuidado, obteniendo una mejor aceptación de la condición crónica de salud.

**Palabras claves:** Enfermedades Crónicas; autocuidado; Promoción de la salud. Precaución

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## INTRODUCTION

In the Brazilian population, as well as in the world, there is a significant occurrence of aging, due to epidemiological and demographic transitions, such as increased life expectancy, decrease in fertility and infant mortality, with a change in the profile of communicable diseases (parasitic and infectious) by Chronic Non-Communicable Diseases (NCDs), responsible for high rates of morbidity and mortality worldwide.<sup>(1)</sup>

NCDs encompass disorders of the circulatory system, diabetes, cancer, respiratory diseases and chronic wounds. Among the main causes and risk factors, we can highlight physical inactivity, genetic factors, excessive use of alcohol, inadequate diet, in addition to economic impacts on families, society and community.<sup>(2)</sup>

Population aging and CNCDs bring emergency consequences, which have been directing public health policies, emerging as a priority the promotion of healthy and active aging, maintenance and encouragement of autonomy, self-determination, encouragement of healthy behaviors and elaboration of strategies to face the challenges imposed by the development of such conditions.<sup>(3,4)</sup>

The performance of the multidisciplinary team is a necessary practice in the prevention and control of these diseases and their aggravations, it must have a cooperative, participatory focus, with open and egalitarian dialogue, because the adherence of people to the care and treatment of the disease is a great challenge, which involves changes in lifestyle for a better coexistence with chronicity, thus, there must be a strengthening of the process of self-determination that can be promoted through self-care.<sup>(5-7)</sup>

Self-care refers to a set of behaviors and activities performed by the individual for their own benefit for the main-

tenance of life, health and well-being. (8) In this way, self-care is only possible when there is an active role for the individual, and for the ability to self-care, basic human functions are decisive, and the assessment of this ability will show if this person is able to be independent to perform their self-care or if they need some help.<sup>(9)</sup>

Lifestyle and behavior change processes, necessary for adherence to self-care, can be better understood by the Theory of Self-Determination, which is centered on the identification of the three basic psychological needs: the need for autonomy, competence and relationship. (10) Frustration of these needs can lead to feelings of incompetence, subjugation and disrespect, which hampers both the professional-patient relationship and patient motivation.<sup>(11)</sup>

Studies on self-determination and self-care in the context of chronic diseases have been published to indicate challenges and potentialities faced by patients, professionals and families in the treatment of chronic health conditions, especially in primary health care services and focused on specific chronic conditions.<sup>(12-14)</sup>

Thus, the relationship between the processes of self-determination and adherence to self-care by people with chronic diseases is questioned. Therefore, the objective was determined: to identify the influence of self-determination processes on adherence to self-care by people with chronic diseases.

## METHOD

This study is an integrative review of the scientific literature, which analyzes and summarizes existing research on the topic or delimited question, helping to achieve a broader understanding of the topic under investigation.<sup>(15)</sup>

In order to minimize possible biases, the following steps were followed: 1) Definition of the problem and formulation of the guiding question; 2) Sample

selection criteria (inclusion and exclusion) and literature search; 3) Survey of relevant data extracted from selected studies; 4) Full reading and careful analysis of the included studies; 5) Interpretation of results; 6) Review and knowledge synthesis.<sup>(15)</sup>

The integrative review was carried out from April 2022 to May 2022. For the preparation of this study, recommendations from the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) were followed. PRISMA is a checklist with 27 items, which aims to guide authors, in a more careful and determined way, in the explanations of systematic reviews and meta-analyses.<sup>(16,17)</sup>

We used the strategy of elaborating a protocol, validated by a librarian and members of the research group. The guiding question of this study was: Do the processes of self-determination influence the adherence to self-care of people with chronic diseases?

The study included articles published between January 2018 and April 2022, in Portuguese, English or Spanish, that reported on studies developed addressing the processes of self-determination in the self-care of people with chronic diseases. The following were excluded: dissertations, theses, book chapters, editorials, reviews, comments, abstracts, systematic and integrative review articles, instrument validation articles, and duplicate articles.

In April 2022, a search was carried out together with the librarian of the Federal University of Santa Catarina (UFSC). Seven databases were listed, using as search filters: language, period.

After obtaining the materials, the researchers performed a preliminary reading of the titles and abstracts, selecting the articles for full reading according to the inclusion and exclusion criteria. The full analysis was performed concurrently by four researchers. If there were doubts or discrepancies in the assessment, a third researcher would mediate the discussion until a consensus was reached.

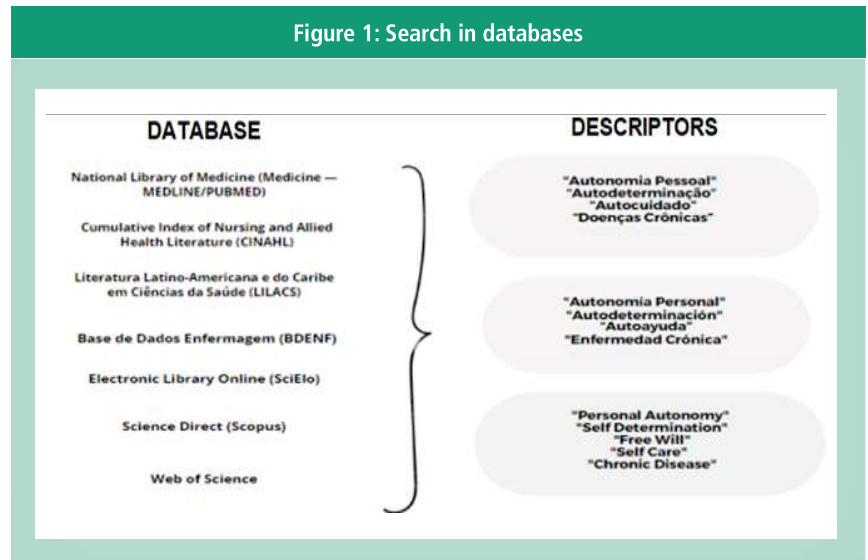
To extract data from the articles selected for the study, a spreadsheet was created containing the following information for each article: authors; year; title; database where the article was identified; research country; objective; methodology informed by the author; number of participants and main results. After filling in the data in the spreadsheet, a meeting was held with the four researchers in order to compile the data obtained.

### RESULTS

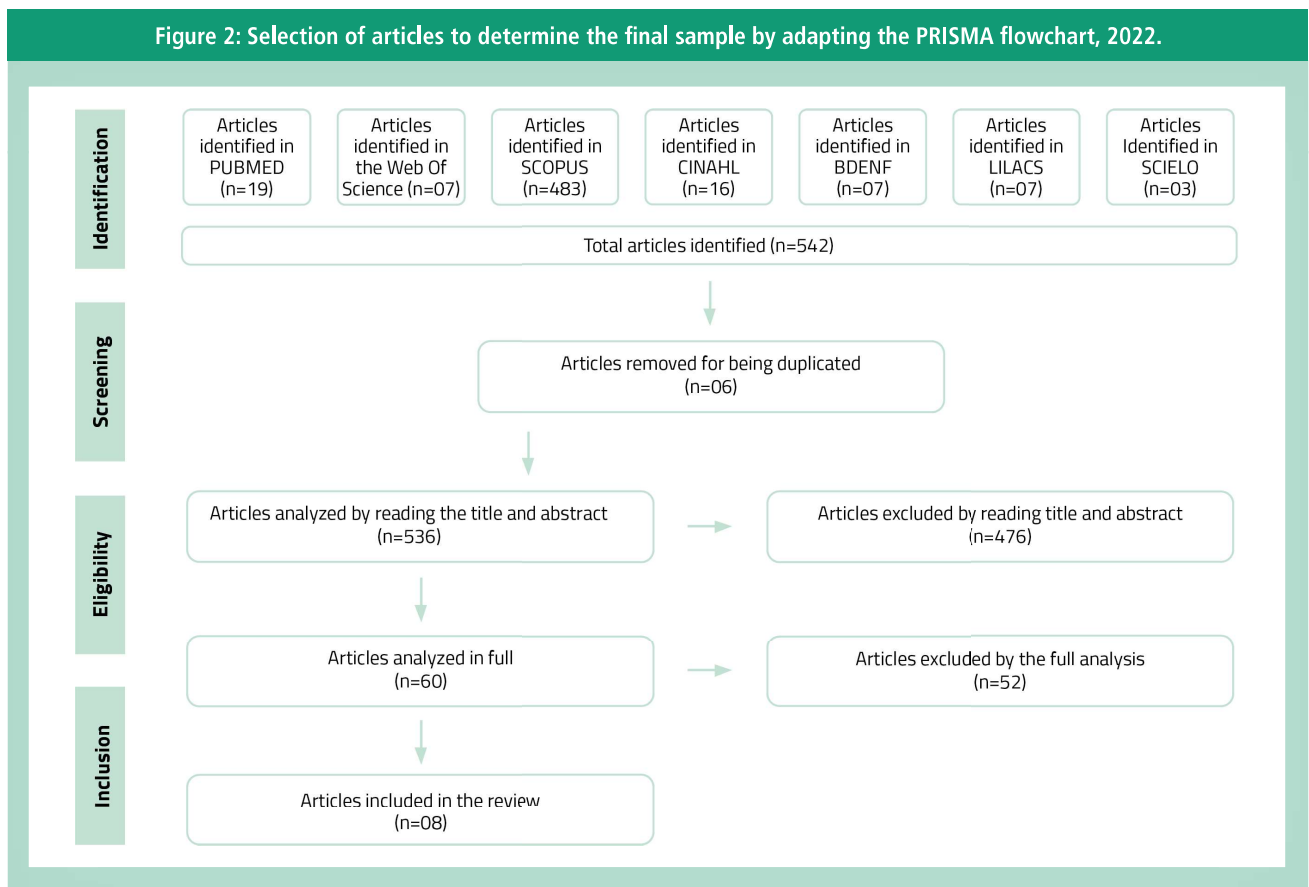
Initially, 542 articles were identified, of which 6 were duplicated in the bases. Afterwards, in the pre-selection with the reading of titles, abstracts and keywords, 476 articles were excluded because they did not meet the inclusion criteria. Sub-

sequently, a thorough reading of the remaining articles was carried out to verify

the instruments used and addressed, literature reviews, validation of instruments,



Source: Prepared by the authors (2022).



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theses, dissertations, opinion articles, course conclusion works and editorials. At the end of the selection, 08 articles were included for full reading and data extraction, as shown in Figure 2.

Table 1 aims to summarize and document the information extracted from the scientific articles found and analyzed, identifying year of publication, origin of the study, objective, method and main results.

After reading the studies in full, three categories emerged as shown in table 2.

## DISCUSSION

After analyzing the studies and variables, the results were grouped into two analytical categories, presented in a descriptive way, indicating the most relevant data for a better understanding of the factors that influence self-care and discussion of the results found.

### Direct interventions that influence self-determination and self-care for NCDs

Chronic non-communicable diseases (NCDs) cause significant changes in people's lifestyles, leading to the need to relearn habits and introduce new pharmacological and behavioral therapeutic modalities. Dealing with a health condition that has chronicity as its differential, transposes the biomedical model, focused on the resolution of acute conditions and places the patient, their caregiver and/or support network in a web of interventions that can expand their capacity for self-care. <sup>(9,13)</sup>

Self-care should not be understood as the exclusive responsibility of the person with CNCD and their family, even if they have to understand and learn to develop activities that only belong to this radius of relationship. Self-care is also the responsibility of the health professional and institutions, since we are talking about dialoguing about the person's care needs in relation to

**Table 1. Synthesis of the studies selected for the research, 2022.**

Code	Title	Author/Year	Data base/Country	Method/Participants	Objective
F1	From Information Seekers to Innovators: Qualitative Analysis Describing Experiences of the Second Generation of E-Patients	Duncan et al./2019 <sup>(18)</sup>	CINAHL/ Sweden	Qualitative research carried out with 10 people with chronic conditions and 5 caregivers.	To describe the second generation of e-patients through the exploration of their active involvement in self-care and health care we use the theory of self-determination (SDT).
F2	Enhancing Autonomy and Self-Management Behaviors Through a Patient-Centered Communication Program for Older Adults with Hypertension: A Randomized Controlled Trial	Audthiya et al./2021 <sup>(19)</sup>	CINAHL/ Thailand	Randomized clinical trial. Performed with elderly people diagnosed with hypertension	To examine the effectiveness of a patient-centered approach to communication program to improve autonomy and self-management behaviors among elderly Thai people with hypertension.
F3	Diagnosis of diabetes mellitus and living with a chronic condition: participatory study	Silva et al./2018 <sup>(20)</sup>	PUBMED/ Brazil	Qualitative research carried out with 16 individuals with diabetes mellitus	Understand how individuals living with diabetes deal with the recognition of chronic disease in their health practices
F4	Living with severe asthma: the role of perceived competence and goal achievement	Eassey et al./2021 <sup>(21)</sup>	Pubmed/ Australia	Research with a qualitative approach, in which 36 interviews were carried out with people living with severe asthma	To examine, among individuals living with severe asthma, the role of perceived competence in achieving their goals.
F5	Striving for autonomy in everyday diabetes self-management - Qualitative exploration via grounded theory approach	Sallay et al./2021 <sup>(22)</sup>	Scopus/ Hungary	Qualitative research, with semi-structured interviews with 26 people with type 2 diabetes mellitus	Identify individual variations in overcoming challenges related to diabetes and in achieving autonomy in daily activities.
F6	The Development of Health Self-Management Among Adolescents With Chronic Conditions: An Application of Self-Determination Theory	Lee et al./2021 <sup>(23)</sup>	Scopus / U.S.A.	Qualitative research, with semi-structured interviews with 23 people aged between 17 and 20 years old with kidney, inflammatory bowel or rheumatologic diseases	Understand the progressive development of health self-management among adolescents and emerging adults (AEAs) with chronic medical conditions.
F7	Self-care practices of outpatients with type 2 diabetes mellitus (Práticas de autocuidado de los pacientes ambulatorios con diabetes mellitus tipo 2)	Arteaga-Rojas; Martínez-Olivares; Romero-Quechol/2019 <sup>(24)</sup>	LILACS, BDNF/ Mexico	Descriptive cross-sectional study, with a sample of 80 patients with DM2.	Identify the level of application of self-care practices for patients with DM2.
F8	Relationship Partner Social Behavior and Continuous Positive Airway Pressure Adherence: The Role of Autonomy Support	Baron et al./2020 <sup>(25)</sup>	Web of Science/ USA	Observational study with 92 patients with obstructive sleep apnea (OSA) married or in cohabitation	To assess whether patients' perceptions of support for an intimate partner's autonomy predict adherence to CPAP

Source: Prepared by the authors (2022).

their chronic condition. <sup>(26)</sup>

The chronic condition assumes a

characteristic of individuality regarding

the understanding, acceptance and

use of strategies for its management. Understanding the stages of behavior of people with a chronic condition is fundamental in the health education process, since behavior change and adherence to self-care practices depend on their motivation to change life habits. When education is combined with behavior change, it is able to create conditions to promote the desired transformation.<sup>(27)</sup>

Health education is a practice that encourages the individual's self-determination regarding their self-care, being an indispensable tool at all levels of health care, through which actions are developed that strengthen autonomy, self-care, the adoption of healthy practices and the clarification of doubts among the population.<sup>(28)</sup>

The person with CNCD, properly educated about their condition and treated as a protagonist and not a spectator, will use self-determination strategies to refine their coping with the disease. Different approaches can favor the development and strengthening of self-determination, such as the person-centered clinical method, singular therapeutic project, motivational interview) and group work (understanding, problematization, operative groups, therapeutic groups, collective consultation), and cognitive behavioral methods.<sup>(26)</sup> These strategies strongly involve aspects of health education, providing the patient with information appropriate to their condition for assertive decision-making, and involve actions for clinical management, lifestyle and emotional aspects, and these strategies must involve priorities and a joint plan of care.<sup>(29)</sup>

People with chronic health conditions can benefit from group strategies for their self-determination, since group work also makes it possible to: help participants to elaborate their affective experiences, feelings and living with their health conditions, recognizing and/or expanding their own potential;

Categories	Studies
Direct interventions that influence self-determination and therefore self-care for NCDs.	F2, F5, F6, F8
Biopsychosocial/determining aspects influence self-determination and therefore self-care for NCDs.	F1, F3, F4, F5, F6, F7
Source: Prepared by the authors (2022).	

agree commitments to improve the health situation; seek greater adherence to treatment; expand the responsibility of each participant in relation to their own treatment, encouraging their independence and autonomy in decision-making; create community integration.<sup>(14,26)</sup> This can be facilitated by the interrelationship created between its participants, in a comprehensive and non-judgmental dialogical space, where learning occurs through the socialization of experiences and friendships.

Still in relation to the groups, it is worth noting that in order to achieve self-care by people, the attitude adopted by professionals is essential. Health professionals are expected to have attitudes that encourage critical reflection on the part of users and their autonomy. It is important that professionals promote interactive actions, among them, the nutritional support group, hiking group, nutritional consultation, nursing consultation, medical consultation, distribution of medicines, home visits, good care, diabetic and hypertensive group and health education group.<sup>(30)</sup>

Within the area of chronic care, there is a technological evolution of information that has been constantly contributing, providing scientific content, which can be used as learning tools that bring professional knowledge closer to the care of the individual.<sup>(31)</sup>

Positive interventions to strengthen the self-care of people with chronic health conditions must be developed in partnership with their families, as they form one of the direct support networks

for affected people and their therapeutic process. Families living in the context of a chronic health condition know better than others about the disease and the needs imposed by it through the way they perceive the disease.<sup>(32)</sup>

Another strategy that expands the self-care of people with chronic conditions is the 5 As Methodology: Assessment (understanding of beliefs and values, knowledge and behavior of users in health and motivational areas); Advising (giving specific information about the risks and benefits of change through health education and skills training), Agreement (transmission of specific information about the risks and benefits of changes through health education and skills training), Assistance (transmission of specific information about the risks and benefits of changes through health education and skills training) and, Accompaniment (transmission of specific information about the risks and benefits of changes through the health education and skills training).<sup>(33)</sup>

Health-promoting interventions for chronic diseases are exponential so that the person and their families can gain autonomy, effectiveness and empowerment in the face of their condition and therapeutic approaches, aiming at their self-determination and self-care.

The process of self-determination in promoting self-care

Due to its prolonged nature, it is known that the chronic condition affects not only the person's health-disease process, but also their social, psy-

chological and work relationships.

In this way, a congruent service must meet a network of needs of these people, allowing their insertion in the planning and decision about their care. In this model, it is up to the professional to decode their practice and know, so that the patient has access to the knowledge necessary to perform self-care or participate in this process.<sup>(13)</sup>

This can be better understood through the concept of perceived competence, in which it is defined as the individual's perception of carrying out their own self-care routines or a specific goal.<sup>(8)</sup> The need to feel competent in self-management can be a necessary driving force for setting and achieving goals.<sup>(21)</sup>

Thus, the self-management of people with CNCs is related to their perception of the ability to achieve self-care goals, and that the fulfillment of these goals also influences their social or psychological needs affected by the disease, therefore, their quality of life.<sup>(34,35)</sup>

Health professionals should discuss with the person with NCD what goals are important to them and their understanding of how to achieve those goals. One of these processes is the acceptance-control of the chronic disease, since the recognition of the chronic condition in their health care practices, since the emotional aspects of the subjects can strongly influence the acceptance or denial of the disease, interfering with personal adherence to treatment.<sup>(20)</sup>

The acceptance of a chronic condition is the result of a transformation that occurs gradually in the behavior of the subjects, moving towards a greater awareness and adaptation to the disease. These aspects directly contribute to your responsibility for your general state of health.<sup>(35)</sup>

Therefore, respecting and encouraging the personal autonomy of subjects, making them co-responsible for their treatment is essential for the process

of acceptance-control of the disease, favoring better adherence to treatment



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and strengthening personal autonomy in terms of quality of life.

Giving people autonomy involves

considering them as owners of concepts and experiences that directly influence their relationship with both health professionals and their own health-disease process, especially in the stages of acceptance and denial of the disease.<sup>(20)</sup> However, the interaction with health professionals is not always perceived as sufficient, making it necessary for individuals to seek support in other groups outside the health services.<sup>(18)</sup>

## STUDY LIMITATIONS

Considering that this is an integrative review, gaps were observed to elucidate the topic that is becoming increasingly common in the service to this public.

## CONTRIBUTION OF STUDY TO PRACTICE

The results described in this study are intended to intensify discussions and reflections on the importance of more qualified assistance in the face of the guidelines and also to carry it out in an integral way, and can be developed in any scenario, which is in a hospital and/or home environment.

## CONCLUSION

To achieve complete recognition of the processes of self-determination that interfere in the self-care of people with chronic disease, it is necessary to elucidate aspects related to the individual, family, health systems and their relationships.

The analyzed literature demonstrates that self-care can be influenced by approaches and strategies adopted by professionals especially focused on health education, and the self-determination processes most associated with strengthening self-care are related to acceptance of the health condition, self-management with goal setting and personal autonomy to actively participate and decide on their treatment.

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