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A Case Study Examining a Self-Efficacy Intervention in Peritoneal Dialysis Patients in the Home

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Abstract
This qualitative exploratory study examined the self-efficacy of peritoneal dialysis (PD) patients by a nurse practitioner (NP) led intervention in the home based on Albert Bandura’s Self-Efficacy Theory. Propositions were developed from the theory. Participants received two home visits one month apart. One participant received the intervention and one participant served as a comparison. The General Self-Efficacy Scale (GSES) was completed at each visit. Analysis employed coding from interviews, field notes, and journaling. The themes were created from transcripts of the interviews and were compared to the propositions.

Theoretical Framework
Albert Bandura’s Self-Efficacy Theory
- Self-efficacy-capacity
- Exercise of control over the action
- Through processes, motivation, affective, and physiological states
- Four Sources of Self-Efficacy:
  1. Vicarious experience
  2. Modeling
  3. Verbal persuasion
  4. Physiological and Affective States

Project Implementation
- One of the dialysis nurse home coordinators attended each home visit with the NP
- Each patient received one home visit one month apart
- Ethical approval (obtained from Mayo Clinic & St. Catherine University)
- Each visit was audio recorded.

Results
Intervention participant:
- Proposition #1 When the PD patient has directed experience performing their PD, then they will develop self-confidence. Not met. Few of those who were first time users preferred the intervention, and of understanding was uncovered, spouse was not present for the second visit.
- Proposition #2 When the PD patient models the nurse and NP regarding health practices, they will achieve an increase in their overall sense of well being. Met. Knowing goals and getting healthy to achieve the price of kidney transplant.
- Proposition #3 When the PD patient models the nurse and NP regarding the technical aspects of PD, they will develop more confidence regarding their PD. Met. Not with the patient moving apartments she had a difficult time locating drain lines, missing, snap at the second visit. Both the nurse and NP did not realize that her spouse set up her machine.
- Proposition #4 When the nurse and NP support and verbally encourage the patient’s belief that they are capable and can carry out the task, their self-efficacy will be more successful. Partially met. The patient verbalized appreciation for the support and the relationship with the dialysis team.
- Proposition #5 When the patient has mood or somatic concerns that are addressed by the PD during the home visit, then they are more likely to take care of themselves. Met. The patient reported increased confidence as the patient felt more comfortable with the NP.

Comparison participant:
- The data did not change from the first to second home visit which may represent not truly understanding the patient.

Discussion
- By being present in the home, the relationship was established to set the stage for a greater understanding of the patient and the environment.
- Trying to embed health and getting healthy were key themes for the intervention patient, so she could obtain the goal of getting transplanted for kidney transplantation.
- Data really did not change for the comparison patient between the first and second home visit. This may represent not truly understanding the patient.

Conclusions
- More studies are needed to examine if home visits could positively impact PD patients.
- Health care continues to change rapidly. PD has improved early survival compared to hemodialysis. In addition, it is more cost effective. Strategies are needed to improve care in home and to provide more holistic care (Schrier, 2017).
- The Nephrology community needs to value PD and increase the awareness.

References