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

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Abstract

This qualitative explanatory 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 triangulation of the GSES data and the interview data that emerged from the intervention participant. The themes included getting healthy to achieve the prize of kidney transplant, being proud of one’s progress, cultivating support, and resourcefulness. The present study showed that more issues were apparent at the second visit with the intervention patient. This indicated that the NP being present in the home set the stage for greater understanding of the patient and the home environment. In contrast, the data for the comparison patient did not change from the first to second visit. Additional studies are needed regarding home visit for PD patient and using self-efficacy to help improve well-being.

Problem Statement

The problem that this case study addressed was that PD patients in the home often struggle with self-efficacy in managing the home PD.

Project Purpose

The purpose of this multiple explanatory case study was to use two cases to identify patterns that explain a patient’s self-efficacy in managing their home PD. In one case the participant received a home visit that included a NP directed intervention focusing on the patient’s self-efficacy and maintaining their well-being. The second case served as a comparison.

Case Study Question

How does a NP led home visit focusing on patient self-efficacy facilitate well-being in home PD patients?

Theoretical Framework

Albert Bandura’s Self-Efficacy Theory

- Self-Efficacy-capability
- Exercise of control over the action
- Thought processes, motivation, affective, and physiological states
- Four Sources of Self-Efficacy:
 - #1 Vicarious experience
 - #2 Modeling
 - #3 Verbal persuasion
 - #4 Physiological and Affective States (Bandura, 1997)

Methods

- Yin (2014) explanatory case study method
- Present day human experience
- Theoretical propositions
- Tell the story of each case
- The unit of analysis was the patient
- 2 cases (interventional and comparison)
- Chosen by the dialysis social worker
- Boundaries of the case- both females from diverse backgrounds, live in Minnesota, no cognitive decline, able to perform their own PD
- Miles, Huberman and Saldana (2014) deductive coding and inductive coding
- Schwarzer and Jerusalem (1995) General Self-Efficacy Scale (GSES)
- Intervention patient received an interview and GSES, history, physical exam, medication reconciliation, lab review, and strategies to reduce the risk of peritonitis. The intervention focused on self-efficacy through directed experience, modeling, verbal encouragement and the NP addressing somatic concerns
- Comparison patient received interview and GSES only

Project Implementation

- One of the dialysis nurse home coordinators attended each home visit with the NP
- Each patient received two home visits 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. Fear of failure was uncovered, first visit was rehearsed, lack 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, then they will achieve an increase in their overall sense of well being. Met. Knowing her goals and getting healthy to achieve the prize of kidney transplant.
- **Proposition #3** When the PD patient models the nurse and NP regarding the technical aspects of PD, then they will develop more confidence regarding their PD. Not met. Due to the patient moving apartments she had a difficult time locating drain lines, masks, soap 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 be successful in performing their PD correctly, then the patient will be more successful. Partially Met. The patient verbalized appreciation to the nurse and NP, good working relationship with the dialysis team.
- **Proposition #5** When the patient has mood or somatic concerns that are addressed by the NP during the home visit, then they are more likely to take care of themselves. Met. The patient reported increased concerns 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.

Table 1: Matrix of Themes

	Intervention Participant		Comparison Participant	
Concept	Well-being		Well-being	
1 st home visit	Embracing Health	Health Struggles	Positive Health Choice	Denial
2 nd home visit	Getting Healthy to achieve the prize (kidney transplant)	Health Worries	Serenity	Issues
	Self-confidence		Self-confidence	
1 st home visit	Knowing my goals	Feeling conflicted	Demonstrating assertiveness	Uncertainty
2 nd home visit	Proud of progress	Fear of failure	Knowing what to do	Issues
	Support		Support	
1 st home visit	Soul mate	My heart is in Boston	Thankfulness	
2 nd home visit	Cultivating new friendships	Sadness	Values relationships	Situational issue
	Problem solving		Problem solving	
1 st home visit	Figuring it out	Barriers	Following my plan of care	Difficulties
2 nd home visit	Resourcefulness	Change is difficult	I can make this work	Difficulties in understanding the big picture
	Somatic concerns		Somatic concern	
1 st home visit	Evidence of somatic concerns Hypertension and Pain		Evidence of somatic concerns Chronic Pain	
2 nd home visit	Serious vs. non-serious health concerns		Chronic Pain	

Table 2: GSES

		Intervention Participant’s Answers		Comparison Participant’s Answers	
		1 st Visit	2 nd Visit	1 st Visit	2 nd Visit
1	I can always manage to solve difficult problems if I try hard enough.	4	4	4	4
2	If someone opposes me, I can find means and ways to get what I want.	3	4	3	4
3	It is easy for me to stick to my aims and accomplish my goals.	4	4	3	3
4	I am confident that I could deal efficiently with unexpected events	4	4	3	3
5	Thanks to my resourcefulness, I know how to handle unforeseen situations	4	4	3	3
6	I can solve most problems if I invest the necessary effort	3	4	3	4
7	I can remain calm when facing difficulties because I can rely on my coping abilities.	4	3	3	4
8	When I am confronted with a problem, I can usually find several solutions.	4	4	4	4
9	If I am in trouble, I can usually think of a solution.	4	4	4	3
10	I can usually handle whatever comes my way.	4	4	4	4
	Total	38	39	34	36

Response Format: 1 = Not true at all, 2 = Hardly true, 3 = Moderately true, 4 = Exactly true.

Discussion

- By being present in the home, the relationships were established to set the stage for a greater understanding of the patient and the home environment.
- Trying to embrace health and getting healthy were key themes for the intervention patient, so she could obtain the goal of getting listed 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 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 (Schreiber, 2017).
- The Nephrology community needs to value PD and increase the number of patients receiving this type of renal replacement therapy. Moreover, having an infrastructure that can support patients maintained on PD should be a priority.

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