

Health Care Management Strategies of Long-Term Dialysis Survivors

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Appropriate treatment and health care management of individuals with chronic illnesses are ongoing concerns and challenges for health care professionals, as well as for society at large (Nolan & Nolan, 1995). Currently in the United States, chronic disease is the primary cause of disability, the principal impetus for health care seeking, and accounts for 70% of overall health care spending (Holman & Lorig, 2000). End-stage renal disease (ESRD) is particularly resource-intensive, requiring both ongoing application of advanced technology and a great deal of health care professionals' input. However, even with substantial resource investment, patients with ESRD who are maintained on dialysis often are not rehabilitated or even able to independent-

ly perform routine activities of daily living (Ifudu, Mayers, et al., 1994; Ifudu, Paul, et al., 1994; Kutner, Cardenas, & Bower, 1992).

When acute disease is the primary cause of illness, patients' primary responsibilities are to seek medical help, follow the course of treatment recommended, and do their best to recover (Parsons, 1951; Parsons, 1975). In chronic disease, however,

patient activities epitomizes the concept of self-management of chronic illness. (Burks, 1999; Feste & Anderson, 1995; Holman & Lorig, 2000; Singleton, 2000).

Self-Care/Self-Management: Conceptualizations

Over the past several decades, beliefs and opinions about what constitutes patient self-care or self-man-

This qualitative, exploratory-descriptive study describes self-management strategies of long-term survivors of dialysis. Data were collected via long, semi-structured interviews with 18 individuals, 10 male and 8 female, who had been on dialysis for more than 15 years. Of these, 10 participants were Caucasian, 4 were African-American, and 4 were Hispanic. Respondents ranged in age from 38 to 63 years. Interviews were audio-recorded, and verbatim transcriptions of interviews were analyzed according to a content analytic procedure, with movement from specific to general. Six broad patient self-management strategies were identified: impression management, selective symptom report/management, vigilant oversight of care, self-proposal of treatments, active self-advocacy, and independent adoption of treatments/use of alternative therapies. For the individuals interviewed, self-management was largely constituted as management of the health care system and health care providers who represent it. Although the small sample size and the exploratory-descriptive methodology limit generalizability, valuable insights into techniques for self-management were derived. Such insights pave the way for future research into characteristics that distinguish dialysis patients who have the potential to be effective self-managers. More importantly, understanding of successful self-management by individuals on dialysis lays the groundwork for development of interventions to help other patients develop similar positive self-management strategies.

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patients must become partners in their own health care (Coates & Boore, 1995; Corbin, 1998; Holman & Lorig, 2000). To successfully manage chronic illness, individuals need to undertake many aspects of their own treatment on a regular and long-term basis. In particular, persons with ESRD must be alert for a host of potential complications and also must manage a complex regimen of fluid restriction, dietary regulations, and multiple medication regimens. The successful accomplishment of these

agement have continued to evolve. Although some consensus has been reached regarding the broad parameters of self-management, there are still questions regarding its explicit nature, application, and its role in health care (Coates & Boore, 1995). Even the terminology used to express the concept has not been completely determined. In the existing literature, the terms and references for "self-management" and "self-care" seem to be used nearly interchangeably and represent very similar notions. That is, although indi-