

#1942 - The Application of Health Beliefs Model in Promoting Self-Care among Kidney Transplant Recipients

Authors and Affiliations

Dr. Farahnaz Farnia:(Ph.D. in Nursing), Assistant professor, Department of Nursing, Nursing-Midwifery School, Shahid Sadoughi University of Medical Sciences, Yazd, Iran)

Mehdi Shafizadeh*:Master of Critical Care Nursing, School of Nursing, Islamic Azad University of Gachsaran& Oil industry Hospital (Beasat), Gachsaran, Iran. 4269780584

Dr. Mostafa Javadi:(Ph.D. in Nursing), Assistant professor, Department of Nursing, Nursing-Midwifery School, Shahid Sadoughi University of Medical Sciences, Yazd, Iran)

Dr. Mohammad Ali Morowati Sharifabad:(Ph.D) Professor, Health Education Department, School of Public Health, Yazd Shahid Sadoughi niversity of Medical Sciences)

Corresponding Author and email

Mehdi Shafizadeh: mehdi.shafiazadeh@gmail.com

Body

Introduction: Today, kidney transplantation method is used in about half of the Iranian patients with chronic renal failure. It is believed that transplant recipients experience a chronic condition in which a complete successful treatment requires long-term management of the disease, the melancholies, therapies, and preventing further disability, or in other words, self-care for promoting health, quality of life and control of disease. However, the existing evidence indicate lack of self-care in these people. In this regard, to facilitate and reinforce self-care behaviors, the priority is to realize and identify the determining factors. Thus, the present study was conducted to “elaborate the determinants of self-care behavior in recipients of kidney transplant based on health beliefs model”.

Method: This is a qualitative study which was done through guided content analysis in the kidney transplant recipients in 2016. Data was collected via open individual semi-structured interviews with 14 recipients transplanted kidney, four members of their families and one dialysis patient with past record of rejection of kidney transplants who were selected using purposive sampling. The duration of each

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interview was 45 minutes in average. Data analysis was done via guided content analysis based on health beliefs model. MAXQDA10 was used for data management.

Findings: Data analysis led to the extraction of 264 primary conceptual codes. The codes were put into 20 sub categories and 6 categories of health belief model (perceived susceptibility, perceived severity, perceived benefits , perceived barriers, self-efficacy and Cues to Action). The results showed the impact of various personal, cultural, social, family and environmental factors on the process of self-care. The greatest concern of participants is fear of rejection and return to dialysis. Accordingly, they believed that they could maintain a kidney transplantation by care principles. Also, the increased understanding of participants about the advantages of self-care behaviors as well as the existence of a supportive stimulating active were the factors for these behaviors. Recommendation to caring, hospitals' personnel function, facing pre-transplantation challenges and objective warnings were also perceived as the participants' guide to self-care behavior. However, some internal and external personal factors had a reverse effect on the performance of individuals.

Conclusion: By providing a deep understanding of the experiences of participants and confirmed structure of the health belief model, the findings of this qualitative study showed that this model is an efficient tool for prediction and promotion of self-care behaviors and healthy lifestyle in kidney transplant recipients in Iranian culture. Thus, for improving adherence to self-care, achieving better results and institutionalizing the culture of self-care in kidney transplant recipients, the Health Belief Model can be introduced as a framework and guide for designing interventions to planners, policy makers and health educators.

Keywords: kidney transplantation, self-care , health belief model, qualitative research, content analysis.

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References

Robinson J, Guevara Y, Gaber R, Clayman M, Kwasny M, Friedewald J, et al. Efficacy of a sun protection workbook for kidney transplant recipients: a randomized controlled trial of a culturally sensitive educational intervention. *Am J Transplant*. 2014;14(12):2821-9.

Soltannezhad F, Farsi Z, Moroei MJ. The Effect of Educating Health Promotion Strategies on Self-Care Self-Efficacy in Patients Undergoing Kidney Transplantation: A Double Blind Randomized Trial. *Nurs Midwifery Stud*. 2013;2(4):64.

Kosaka S, Tanaka M, Sakai T, Tomikawa S, Yoshida K, Chikaraishi T, et al. Development of Self-Management Scale for Kidney Transplant Recipients, Including Management of Post-Transplantation Chronic Kidney Disease. *ISRN Transplant*. 2013;2013.

Gordon EJ, Prohaska TR, Gallant M, Siminoff LA. Self-care strategies and barriers among kidney transplant recipients: a qualitative study. *Chronic Illn*. 2009;5(2):75-91

Campbell ML. Effects of Self-Efficacy and Health Literacy on Adherence to Self-Care Behaviors in Kidney Transplant Patients. *Ph.DTheses, University of Maryland*. 2014.

Cippà PE, Schiesser M, Ekberg H, van Gelder T, Mueller NJ, Cao CA, et al. Risk stratification for rejection and infection after kidney transplantation. *J Am Soc Nephrol*. 2015:CJN. 01790215.

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