Community living older adults described using medical, collaborative, and self agency models for asthma self management


How do community living older adults with asthma describe asthma self management models?

DESIGN
Qualitative study using indepth interviews, an open ended questionnaire, and participatory action research (PAR) groups.

SETTING
South Australia.

PARTICIPANTS
24 community living adults >60 years of age (67% women, mean age 76 y, age range 60–92 y) who had medically diagnosed asthma and were using, or had been prescribed, daily preventative medications.

METHODS
Data were collected using individual indepth interviews, an open ended questionnaire, and 2 PAR groups. Indepth interviews lasting about 1 hour each were held in participants’ homes, and guiding questions were used to help participants reflect on their personal asthma self management stories. Interviews were tape recorded, transcribed verbatim, and collaboratively analysed by 3 researchers. 18 patients and 6 invited partners participated in 2 PAR meetings to collaboratively develop a model that would enable self management of asthma for older people. PAR meetings were transcribed and analysed concurrently to ensure prompt feedback of issues to participants. The voices of participants were represented in the text to enhance study rigour. In addition to ongoing feedback, and as part of the PAR cycles, the study report was validated by all participants.

MAIN FINDINGS
3 models of asthma management emerged: a medical model, a collaborative model, and a self agency model. Most participants described being in a medical model of asthma management. In this model, the key to self management was taking prescribed medications, for which participants mostly took the responsibility of managing themselves. Participants also identified and avoided triggers to prevent asthma attacks. In this model, the doctor managed the disease process, and the participants trusted and followed the doctor’s authority. The doctor’s authority, however, was more likely to be trusted if he/she provided specific disease knowledge and sound medical advice.

Participants described a collaborative model of asthma management in which asthma self management involved other people or was perceived by participants to be their own agency. Collaborative management was most likely a joint effort between participants and healthcare professionals. Participants were offered not only medical advice, but also had input into the decision making process of their care. When participant input was acknowledged and valued, it was conducive to self agency in the asthma management process.

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The self agency model of asthma management involved self identification of responses to illness and self planning of daily routines to create order in daily life. Taking control of their own lives was an important part of self management, and taking action with daily life routines facilitated self determination. Participants who described using a self agency model talked about self management only in terms of their own agency. They took control of their own illness and responses to illness and decided when to share their management decisions with their doctors.

CONCLUSIONS
In community living older adults with asthma, 3 models of asthma self management were described: the medical, collaborative, and self agency models. Participants described self management as reclaiming the self and regaining self identity, including achieving recognition and support for the self monitoring process.