Facilitators, Barriers and Knowledge of Self-Management Practices to Prevent Pressure Injury among Spinal-Cord Injury Patients in Rehabilitation Phase in South-West Nigeria

Rose EkamaIlesanmi

Rak Medical and Health Sciences, UAE

Extended Abstract

Abstract

Evidence indicates that over 80% of patients with spinal cord injury (SCI) will develop pressure injuries (PI) at one point in a lifetime. Consequently, clinical recommendations for PI prevention include structured education at appropriate levels to persons with SCI and their care givers. In Nigeria, PI is a common secondary medical complication associated with SCI and accounts for 1/4th of the total cost. Several studies a have targeted knowledge and practice of care providers. We found a dearth of studies on self-management strategies of patients with SCI in rehabilitative phase of the disease.

Aim of Study: To evaluate the facilitators, barriers and knowledge of self-management practices to prevent PI among community dwellers with SCI.

Background:

Current evidence has recommended the require for expanded self-management back endeavors in spinal cord injury (SCI) to decrease auxiliary complications. In any case, current self-management programs may not be appropriate for the one of kind needs of people with SCI, counting diminished portability and the significance of orderly care. There's a require for more noteworthy understanding of the self-management methodologies embraced by people with SCI and the potential require for a custom fitted self-management program. Hence, the reason of the current think about was to get it the seen facilitators and obstructions to self-management to avoid auxiliary complications.

Methodology: A Survey of sixty (61) purposively selected patients with SCI. Patients were met at neurological and physiotherapy clinics in two selected tertiary hospitals in south west Nigeria. Data were collected using a validated structured questionnaire (Correlation Coefficient 0.73) to examine knowledge of risk factors and the self –management practices (repositioning and skin care practices). SPSS version 22 was used for data analysis and hypotheses were tested at 5% level of significance.

A descriptive qualitative approach was utilized and included phone interviews. Semi-structured interviews were conducted with people with traumatic SCI, their family members/caregivers, and directors from intense care/trauma and recovery centres. Members were enlisted between September 2011 and May 2012. Investigation was conducted utilizing inductive topical investigation to get it the seen facilitators and obstructions to self-management to anticipate auxiliary complications.

Results:

A total of 26 interviews were conducted and they included 7 people with traumatic SCI, 7 family/caregivers (i.e., 7 SCI-caregiver dyads), and 12 intense care/rehabilitation supervisors

from over the territory of Ontario. The taking after five facilitators to self-management were recognized: physical back from the caregiver, enthusiastic back from the caregiver, peer back and criticism, significance of positive viewpoint and acknowledgment, and keeping up independence/control over care. The taking after five boundaries to self-management were distinguished: caregiver burnout, subsidizing and financing arrangements, need of availability, physical impediments and auxiliary complications, and challenges accomplishing positive viewpoint or disposition.

Respondents' mean age was 40years and was more males (67.2%) than females (32.8%). There were 53(87.0%) paraplegics and 8(13.0%) quadriplegics. Of this 21(34.4%) have had pressure injury following discharge from hospital and 11(18.0%) still had PI at time of study. Findings also showed that 35(57.4%) possess good knowledge of risk factors for PI and 31(50.8%) had poor knowledge of the self-management strategies (repositioning and skin care) to prevent PIs. However, practice was suboptimal, as 11(26.2%) never palpated skin for changes; 33 (54.1%) have never inspected skin over bony prominences. Association between knowledge of self-management strategies and actual practice was not statistically significant, as respondents with low knowledge also demonstrated poor practice (54.8%; $\chi 2$ =2.89, p=0.09). Knowledge of risk factors and self-management practices were not significant ($\chi 2$ =3.31; p=0.07). Respondents with poor knowledge of risk factors also exhibited poor practice (15; 57.7%). Multivariate analysis revealed that lack of motivation to perform self-care interventions was the only significant predictor of the practice of self-management. Respondents who were motivated were twice more likely to have good self-management practice compared to those who were not motivated (OR = 2.17, 95% CI = 1.08 – 3.25, p = 0.03). Lack of knowledge about self-care preventive measures (67.2%), and inadequate support from family caregivers (67.2%) hindered practice of self –management interventions.

Conclusion:

There is need for a targeted individualized education and suppo
A follow up study of patients with spinal cord injury in Sierra Leonard to SCI patients prior to discharge to enhance patients' self-efficacy. The family caregivers should also be involved in this empowerment to ensure continual support of the patients at home. Periodic evaluation at outpatients to strengthen patients' self-management abilities is recommended.

The issues of timing/readiness and comorbidities and maturing were watched over numerous of these topics. As such, the advancement of a custom fitted self-management program for people with traumatic SCI and their caregivers ought to consolidate these considerations.

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