

Chapter 9

The Role of Self-Efficacy and Aging in Managing Disease

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ABSTRACT

In 1900, life expectancy in the U.S. was 47 years and infectious diseases were the leading cause of mortality; today, life expectancy in the U.S. is almost 80 years and chronic diseases are the leading causes of mortality. Eighty percent of adults 65 and older have multiple chronic health conditions, which are costly to treat. Offering older adults an evidence-based self-management program can reduce medical costs and improve patient outcomes and quality of life. Research has shown that self-efficacy is a key factor in effective self-management programs. The Chronic Disease Self-Management Program (CDSMP) is an evidence-based program that helps patients to boost their self-efficacy and improve their disease self-management, under the supervision of a physician. In addition, the use of evidence-based complementary modalities is recommended as part of an integrative approach to self-management to help patients manage the daily anger, fear, and depression that frequently accompany living with an incurable disease.

INTRODUCTION

Gone are the days when the doctor (usually a male) told the patient what to do and the patient accepted it without reservation. Today patients are consumers, and they select healthcare providers from a roster of names accepted by their health plan. Thanks to the Internet, which has widely disseminated health information through websites such as WebMD, patients are much better informed today than they were 25 years ago. They are also prey to “infomercials” and a host of advertisers selling products that will “cure” them of obesity, cancer, depression, and more, if they pay a monthly fee to receive certain supplements, potions, and balms. *Caveat emptor*—buyer beware.

In the U.S., chronic diseases cause 7 of 10 deaths each year, and treating chronic diseases accounts for 86% of the nation’s healthcare costs (Centers for Disease Control and Prevention, 2013). In 2012, about half of all U.S. adults—117 million people—had at least one chronic health condition; 25% of adults

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had two or more chronic health conditions (Ward et al., 2014). The healthcare provider's aim in dealing with patients who have chronic diseases such as diabetes and asthma is adequate self-management in order to maintain good quality of life. Control over risk factors such as diet, exercise, and smoking make an enormous difference in outcome.

Today patients are partners in their own healthcare. This chapter posits that, for patients to be able to achieve adequate self-management of chronic diseases, they need a chronic disease self-management program that provides education about disease management and helps patients to apply what they have learned at home. Furthermore, in order to feel empowered to act, patients need to develop self-efficacy, i.e., belief in their capacity to exercise control over their lives and effect behavior change. A diagnosis of a serious illness such as cancer can lead to fear, depression, and feelings of powerlessness, which must be treated in order for the patient to be an effective partner in his or her care. Evidence-based non-pharmacologic complementary therapies can be a great help in this regard, providing emotional and psychological support.

This chapter describes the contributions of self-efficacy theory and positive psychology to disease self-management. Next, the chapter provides a review of the literature on chronic disease self-management programs, with a discussion of the Chronic Disease Self-Management Program (CDSMP), an evidence-based program developed in the mid-1990s that has been found to boost patients' self-efficacy and improve outcome measures. The chapter also examines the effectiveness of individual components of chronic disease self-management programs. The chapter then provides a detailed discussion of evidence-based non-pharmacologic complementary therapies, which are a useful adjunctive treatment that should be used under the supervision of a physician. These complementary therapies provide symptom relief, reduce stress, improve patients' ability to perform daily tasks, and facilitate adoption of healthy lifestyle habits.

Next, the chapter looks at the U.S. statistics on aging and disease, and the implications for healthy aging. Aging places an additional burden on patients. Seniors with chronic diseases may feel hopeless about recovery and need supportive services aimed at their age group to encourage self-efficacy and to keep them motivated to participate in rehabilitation. Elderly patients may need adaptive physical activities to accommodate age-related physical limitations. Access to appropriate facilities, and transportation to get there, are two additional challenges seniors face.

The chapter concludes by summing up the recommendations for chronic disease self-management, including the use of an evidence-based self-management plan such as CDSMP, and the use of complementary therapies to provide symptom relief and promote adoption of healthy behaviors. Treatment should be tailored to the patient's specific age cohort and be culturally sensitive as well, respecting the patient's ethnic, racial, and religious background.

SELF-EFFICACY THEORY

Albert Bandura's groundbreaking work in self-efficacy posited that "expectations of personal efficacy determine whether coping behavior will be initiated, how much effort will be expended, and how long it will be sustained in the face of obstacles and aversive experiences" (Bandura, 1977, p. 191).

An outcome expectancy is a person's belief that a particular course of action will produce certain outcomes. Bandura (1977) differentiates it from self-efficacy, which is a person's belief that he or she can successfully execute the behavior required to produce the outcomes. Bandura notes that individuals

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