RAISING CHRONIC DISEASE PATIENTS' SELF-EFFICACY: PILOTING A CHRONIC DISEASE SELF-MANAGEMENT PROGRAMME IN RURAL MOLDOVA



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RESULTS FROM A PILOT PROJECT IN FIVE RURAL LOCALITIES

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Objectives

High rates of chronic diseases in Moldova have a significant morbidity burden on the population and impact patients' quality of life, particularly in rural areas with lower access to health information and services.

Our study aimed to assess the acceptability and impact of a pilot Chronic Disease Self-Management Programme (CDSMP) on patients' self-efficacy in five rural localities of Moldova. For 6 weeks between March and April 2018, group of patients guided by two trained peer facilitators, engaged in workshops emphasizing individual planning and action-taking to achieve lifestyle changes. The pilot intervention was implemented in the localities of Susleni, Boscana, Peresecina, Ohrincea and Marandeni.



Picture 1: CDSMP participants practice physical activity, Healthy Life - May 2018

Methods

The pilot CDSMP was evaluated between March and May 2018 using mixed methods. The CDSMP six-item self efficacy scale questionnaire was administered before and after the intervention to assess impact. A Focus Group Discussion with facilitators and a satisfaction questionnaire with patients (adapted from an instrument developed by the Danish Committee for Health Education) were implemented after the intervention.

Results

The pre-intervention self-efficacy questionnaire was administered to 63 participants at baseline vs. 59 participants at endline, as 4 participants dropped out. The FGD included the 10 facilitators. The participant satisfaction survey was completed by 59 participants. The participants included 55 women and 4 men.

Evaluation results revealed a statistically significant increase of participants' self-efficacy score, from 5,33 before the intervention to 8.32 after the intervention (paired-sample T test). Participants' satisfaction was high, with on average above 96% of respondents satisfied with content, format and delivery elements of the intervention.

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Chart 1: Pre and post intervention self-efficacy scores on 6 items





FGDs revealed the importance of adapting language and content to participants in the Moldovan context. Facilitators highlighted a gradual shift in content of participants' individual actions plans as the workshops progressed, with increasing importance being given to psycho- emotional elements such as communication and stress management, while nutrition-related goal setting and action plans remained stable throughout the intervention.

Conclusions

The CDSMP is an acceptable intervention in the Moldovan context provided that cultural adaptation is done to match the participants' characteristics. Increases in participants' selfefficacy after the CDSMP were demonstrated, suggesting it is a relevant intervention for the target population. The CDSMP is based on behavior changes techniques such as goal setting, social support, self-monitoring and feedback which are proven to be the most effective techniques for lifestyle behaviour change.