



Research Article | Araştırma Makalesi

THE EFFECT OF CHRONIC DISEASE SELF-MANAGEMENT ON NURSING CARE SATISFACTION IN OLDER ADULTS

YAŞLI YETİŞKİNLERDE KRONİK HASTALIK ÖZ YÖNETİMİNİN HEMŞİRELİK BAKIM MEMNUNİYETİNE ETKİSİ

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ABSTRACT

Objective: This study aimed to examine the effect of self-management of chronic diseases on satisfaction with nursing care among elderly patients receiving inpatient treatment at a university hospital.

Methods: This descriptive study included 150 older adults hospitalized due to chronic diseases between January and May 2025. Data were collected using a patient form, the Chronic Disease Self-Management Scale, and the Nursing Care Quality Satisfaction Questionnaire. Parametric tests, Pearson's correlation analysis, and linear regression analyses were used to analyze the data.

Results: The analysis revealed a moderate negative and significant correlation between the self-stigma subdimension of self-management and nursing care satisfaction ($r=-0.400$, $p<0.001$). Conversely, coping with stigma was found to have a low-level positive and significant correlation with nursing care satisfaction ($r=0.195$, $p=0.017$). No significant correlations were observed between healthcare efficacy ($r=0.039$, $p=0.632$), treatment adherence ($r=-0.092$, $p=0.261$), and satisfaction. Regression analysis showed that including the subdimensions in the model significantly increased its explanatory power ($R^2=0.170$, $F=8.656$, $p<0.001$). Self-stigma demonstrated a strong and negative effect on nursing care satisfaction ($\beta=-0.436$, $p<0.001$), whereas coping with stigma had a positive but marginally significant effect ($p=0.051$). The other subdimensions showed no significant effects ($p>0.05$).

Conclusion: Older adults had moderate levels of chronic disease self-management and high levels of nursing care satisfaction. Chronic disease self-management, particularly self-stigma, negatively affected satisfaction with nursing care. These results highlight the need for nurses to develop individualized counseling programs to support self-management in older adults and implement interventions to reduce self-stigma, which has been shown to adversely impact satisfaction with care.

Keywords: Older adult, self-management, chronic disease, care satisfaction

Öz

Amaç: Bu araştırma, bir üniversite hastanesinde yatarak tedavi gören yaşlı yetişkinlerin kronik hastalık öz yönetiminin hemşirelik bakım memnuniyetine etkisini incelemek amacıyla yapılmıştır.

Yöntem: Tanımlayıcı tipteki araştırmanın örneklemini, Ocak-Mayıs 2025 tarihleri arasında kronik hastalık nedeniyle hastanede yatan 150 yaşlı yetişkin oluşturmuştur. Veriler, Hasta Formu, Kronik Hastalık Öz Yönetim Ölçeği ve Hemşirelik Bakım Kalitesi Memnuniyeti Anketi ile toplanmıştır. Verilerin analizinde parametrik testler, Pearson korelasyon ve lineer regresyon analizleri kullanılmıştır.

Bulgular: Kronik hastalık öz yönetim ölçeği alt boyutları ile hemşirelik bakım memnuniyeti arasındaki ilişkiler incelendiğinde; kendini damgalama ile hemşirelik bakım memnuniyeti arasında orta düzeyde negatif ve anlamlı ilişki saptanmıştır ($r=-0,400$, $p<0,001$). Damgalamayla baş etme alt boyutu ise düşük düzeyde pozitif ve anlamlı ilişki göstermiştir ($r=0,195$, $p=0,017$). Sağlık bakım etkinliği ($r=0,039$, $p=0,632$) ve tedavi uyumu ($r=-0,092$, $p=0,261$) ile memnuniyet arasında anlamlı ilişki bulunmamıştır. Regresyon analizinde, alt boyutların modele dahil edilmesi açıklayıcılığı artırmış ($R^2=0,170$, $F=8,656$, $p<0,001$); özellikle kendini damgalama memnuniyet üzerinde güçlü ve olumsuz etki göstermiştir ($\beta=-0,436$, $p<0,001$). Damgalamayla baş etmenin etkisi ise pozitif yönde, ancak sınırda anlamlıdır ($p=0,051$).

Sonuç: Bu çalışmada yaşlı yetişkinlerin öz yönetim düzeyleri orta, hemşirelik bakım memnuniyetleri ise yüksek bulunmuştur. Kronik hastalık öz yönetiminin, özellikle kendini damgalama boyutunun, bakım memnuniyetini olumsuz etkilediği belirlenmiştir. Bulgular doğrultusunda hemşirelerin, yaşlı bireylerin kronik hastalık öz yönetimini destekleyen bireyselleştirilmiş danışmanlık programları geliştirmesi ve damgalama algısını azaltmaya yönelik müdahaleler planlaması önerilmektedir.

Anahtar Kelimeler: Yaşlı yetişkin, öz yönetim, kronik hastalık, bakım memnuniyeti

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Introduction

Data from the Turkish Statistical Institute (TÜİK) show that the proportion of the population aged ≥ 65 years reached 10.6% in 2024 and is expected to rise to 17.9% by 2040.¹ Technological, medical, and social developments are extending life expectancy, leading to a significant increase in the number of older adults and, consequently, in the demand for healthcare services.² One of the most important reasons for the demand for healthcare services among older adults is the increasing burden of chronic diseases associated with aging. Diseases such as cardiovascular disease, diabetes, hypertension, osteoarthritis, and dementia are common in the older adult population and require long-term healthcare services such as regular follow-up, medication management, and rehabilitation.³ The co-occurrence of chronic diseases (multimorbidity) complicates the care process and places an additional burden on the healthcare system.⁴ Therefore, it is critically important to properly plan the healthcare needs of older adults and develop appropriate care models to meet these needs.⁵

The ability of older adults to self-manage their health is an essential factor in the effective management of chronic diseases and impacts their quality of life and health outcomes.⁵ Self-management can be defined as the individual's understanding of their illness, adherence to treatment, implementation of lifestyle changes, and managing the process in collaboration with healthcare professionals.⁶ A study shows that the active participation of older adults in managing their health improves their quality of life, reduces complications, and slows the progression of disease.⁷ The quality of nursing care is a critical factor in determining the effectiveness of healthcare services.^{8,9} In the context of a hospital setting, the chronic disease management process encompasses not only therapeutic approaches but also the quality of care provided and its reflection on patient satisfaction.⁸ Nurses, as the healthcare professionals who interact most with patients, combine technical skills with communication, empathy, and a patient-centered approach in the care process.⁹ Patient satisfaction is a critical metric for assessing healthcare service quality from the perspective of the patient, with nursing care being a pivotal factor in its determination.⁸

In this context, examining the relationship between chronic disease self-management levels and nursing care quality satisfaction among older adult individuals receiving inpatient treatment is important for improving individual patient outcomes, developing healthcare services, and shaping planned nursing care. Therefore, this study aimed to examine the relationship between chronic disease self-management and nursing care

quality satisfaction among hospitalized older adult individuals.

Method

The research was designed to be descriptive and correlational.

Population and Sample

The research was conducted at a university hospital in Ankara between January and June 2025. The research population consisted of 1212 older adult patients aged ≥ 65 years with chronic diseases who applied to the university hospital within one year. To determine the statistical power of the regression analysis to be used in this study, a power analysis was performed using G*Power software.¹⁰ The analysis targeted a medium effect size ($f^2=0.15$), a 5% significance level ($\alpha=0.05$), and 99% statistical power ($1-\beta=0.99$). In the power analysis, where the number of independent variables in the regression analysis was assumed to be one, the critical F value obtained was 3.918. It was determined that a minimum of 125 participants were required for the study to attain the specified statistical power and significance levels. The study was conducted with a sample size of 150 participants. The inclusion criteria for the study were older adults with a chronic illness, who could read and write Turkish, had no physical (major hearing, speech, or vision impairment) or mental problems that hinder communication (diagnosed dementia, Alzheimer's, etc.), and agreed to participate in the study. Eleven older adults who did not meet the inclusion criteria, withdrew at any stage of the study, had incomplete data, or required support due to complete dependency were excluded from the study.

Data Collection Tools

Data for the study were collected using a patient form, the Chronic Disease Self-Management Scale, and the Nursing Care Quality Satisfaction Survey.

Patient Form: This form was created by the researchers based on a review of the relevant literature.^{11,12} The form consists of eight questions covering age, gender, education level, marital status, income level, number of people living with, perception of health status, and existing chronic illnesses.

Chronic Disease Self-Management Scale: The validity and reliability of the scale developed by Ngai et al. in Turkish was conducted by Öztürk et al.^{11,13} The scale consists of four subscales and 21 items: self-stigmatization, coping with stigmatization, health care effectiveness, and treatment compliance. Items on the measurement tool are rated on a 5-point Likert scale. The scale is calculated using the arithmetic mean method. There is no total score for the scale; each subscale is scored separately. The Cronbach Alpha

coefficients of the Turkish scale's subscales were determined as follows: Self-Stigma 0.87, Treatment Compliance 0.85, Coping with Stigma 0.82, and Healthcare Effectiveness 0.78.¹² In this study, Self-Stigma was found to be 0.89, Coping with Stigma 0.88, Health Care Effectiveness 0.87, and Treatment Compliance 0.88.

Patient Satisfaction Survey Regarding Nursing Care Quality: The Turkish validity and reliability of the survey developed by Laschinger et al. to measure patient satisfaction with nursing care quality was conducted by Dönmez et al.^{14,15} The survey consists of a total of 19 items and also includes 4 items that assess overall satisfaction perception and are not included in the calculation. The 5-point Likert scale is scored between "(5) excellent" and "(1) poor". The Cronbach alpha of the Turkish scale is 0.97.¹⁵ In this study, Cronbach's Alpha value was found to be 0.90.

Data Collection

The researcher collected study data through face-to-face interviews with older adults in a hospital setting. As the scales used in the study were self-report scales, participants completed them. Data collection took approximately 20–25 min.

Ethical Approval

To conduct the research, ethical approval was obtained from the University's Ethics Committee (Decision No: 2024/297 and Code No: 2024288) and permission was obtained from the institution where the study was conducted. During the data collection process, all participants were informed about the purpose and scope of the research, what was expected of them, and that the data obtained would be used solely for research purposes. All participants provided informed consent by signing an approval form prepared in accordance with the Declaration of Helsinki.

Statistical Analysis

The data were evaluated using the SPSS 25.0 program (IBM SPSS Statistics for Windows, Armonk, NY: IBM Corp.). Frequency and percentage analyses were used to determine the descriptive characteristics of the participants. Skewness and kurtosis values were examined to determine whether the research variables showed a normal distribution.¹⁶ Parametric methods were used in the analysis of the data. The relationships between the scales used were examined using Pearson correlation and linear regression analyses.

Results

The mean age of participants was 74, and 35.3% were aged 65-70, 54% of participants were female, 82.0% were married, 54% had incomes equal to their

expenses, and 26.7% had a high school education or higher. Of the participants, 70.7% resided in the city center and 54% lived with their spouse. Additionally, 59.3% of the participants assessed their general health as normal. Among the chronic diseases examined, 52% of participants had hypertension and 38% had diabetes mellitus (Table 1).

Table 1. Descriptive characteristics of older adults (n=150)

Descriptive Characteristics	n	%
Age		
65-70	53	35.3
71-75	39	26
76-80	27	18
81 and above	31	20.7
Gender		
Female	81	54
Male	69	46
Education Level		
Literate	38	25.3
Primary – middle school	72	48
Highschool and University	40	26.7
Marital Status		
Married	123	82
Single	27	18
Income Level		
Less	69	46
Equal	81	54
People you live with		
Alone	22	14.7
With spouse	81	54
With spouse and children	24	16
With children	23	15.3
Health Condition Perception		
Normal	89	59.3
Bad	61	40.7
Chronic Diseases		
Asthma	5	3.3
Chronic obstructive pulmonary disease	29	19.3
Hypertension	78	52
Diabetes mellitus	57	38
Coronary artery disease	4	2.7
Heart failure	4	2.7
Chronic kidney failure	11	7.3

Correlation analysis was conducted to examine the relationship between the chronic disease self-management scale subscale scores and nursing care satisfaction scores of older adults participating in the study. The findings revealed a moderate negative and significant relationship between the self-stigmatization subscale and nursing care satisfaction ($r = -0.400$, $p < 0.001$). Conversely, a modest positive and statistically significant relationship was identified between the

coping with stigmatization subscale and nursing care satisfaction ($r=0.195$, $p=0.017$). The investigation revealed no statistically significant relationship between nursing care satisfaction and healthcare effectiveness ($r=0.039$, $p=0.632$) or treatment compliance ($r=-0.092$, $p=0.261$) subscales (Table 2).

In our study, when the subscales of the chronic disease self-management scale were included in the model, the explanatory power of the model increased significantly ($R^2=0.170$, $F=8.656$, $p<0.001$). When the subscales were examined, the self-stigmatization subscale in particular showed a significant and strong negative effect on satisfaction with nursing care ($B=-0.352$, $\beta=-0.436$, $p<0.001$).

The effect of the coping with stigmatization sub-dimension is positive and at the threshold of significance ($B=0.110$, $\beta=0.157$, $p=0.051$). No significant effect of the other sub-dimensions, health care effectiveness and

treatment compliance, on satisfaction was found ($p>0.05$) (Table 3).

Table 2. Correlation analysis between chronic disease self-management and nursing care satisfaction scores

		Nursing Care Satisfaction
Self-Stigma	r	-0.400**
	p	0.000
Coping with Stigma	r	0.195*
	p	0.017
Healthcare Effectiveness	r	0.039
	p	0.632
Treatment Compliance	r	-0.092
	p	0.261

* $<0,05$; ** $<0,01$; Pearson correlation analysis

Table 3. The effect of chronic disease self-management scale subscales on nursing care satisfaction

Independent Variable	Non-Standard Coefficients		Standardized Coefficients	t	p	95% CI	
	B	SE	β			Lower	Upper
Constant	4.919	0.282		17.421	0.000	4.361	5.477
Self-Stigma	-0.352	0.069	-0.436	-5.125	0.000	-0.488	-0.216
Coping with Stigma	0.110	0.056	0.157	1.971	0.051	0.000	0.220
Healthcare Effectiveness	-0.087	0.055	-0.129	-1.586	0.115	-0.196	0.021
Treatment Compliance	0.042	0.046	0.076	0.930	0.354	-0.048	0.132

*Dependent Variable=Nursing Care Satisfaction, $R=0.439$; $R^2=0.170$; $F=8.656$; $p=0.000$; Durbin Watson Value=2.014

SE, standard error; β =standard path coefficients; R^2 =explanatory coefficient; 95% CI confidence interval

Discussion

The characteristics of the participants in the study and their existing chronic diseases (hypertension, diabetes mellitus, coronary artery disease, heart failure, chronic kidney failure, asthma, chronic obstructive pulmonary disease) are similar to the most common chronic diseases in other studies in the literature and in our country.^{1,7,17} Similar studies in the literature reveal that such chronic diseases are commonly seen in older adults individuals.^{18,19}

The findings of our study reveal that as the self-management levels of chronic diseases increase in older adult individuals, their satisfaction with nursing care decreases slightly. Although this inverse relationship may seem contradictory at first glance, it may actually reflect a situation in which individuals with high self-management skills have higher expectations of professional care services and therefore evaluate the nursing services provided more critically. Wang et al. reported that individuals with high self-management may experience less satisfaction with environmental factors, such as family functionality or nurse

interactions.²⁰ This suggests that an individual's increased responsibility for health management may lead them to question the adequacy of professional care more frequently. Similarly, a study by Adèraj et al. indicated that the support of caregivers contributing to patient care in chronic diseases strengthens self-management; however, it may reduce the individual's perceived need for nursing care and, consequently, their satisfaction.²¹ Chen et al. found that individuals with high self-management capacity found care services less adequate and that care satisfaction was relatively lower in these.²² Liu et al. reported that older adults may perceive nursing practices as unnecessary repetition or excessive direction, while Hu et al. noted that this group tends to be more selective and critical.^{23,24} Therefore, the lower satisfaction with nursing services among older adults with high self-management levels requires redefining the balance between individuals' desire for independence and care services. A similar finding reported by Huang et al. shows that these individuals have expectations that differ from standard service delivery.²⁵ In this context, the low level of explanatory power obtained indicates that the effect of self-

management level on nursing care satisfaction is meaningful but limited. This finding has important implications for clinical practice. As emphasized in some studies in the literature, individualized care must be strengthened to improve the quality of life and care satisfaction of older adults.^{26,27} In particular, in individuals living with chronic diseases, structuring nursing care in a more counseling-based, flexible, and self-management capacity-sensitive manner may be effective in increasing satisfaction levels. This approach respects the individual's level of independence while also supporting the development of a more collaborative relationship in the care process.

Regression analysis results indicated that the self-stigmatization variable, in particular, among the subscales of the chronic disease self-management scale, had a significant and strong negative effect on nursing care satisfaction. This result shows that internalized stigma related to chronic diseases significantly affects older adults' assessments of health services. The feeling of stigmatization among older adults with chronic diseases can damage both the relationships individuals establish with nurses and their beliefs about their own self-efficacy regarding their right to receive care.²⁸ Zwar et al. reported that when older adults experience internalized stigma during the care process, they struggle to communicate effectively with healthcare professionals and, as a result, do not fully engage in their care processes.²⁹ Similarly, Chen, in a study conducted in Japan using the social peer care model, showed that reducing older adults' perceptions of stigma due to chronic illness increased both care satisfaction and trust in the healthcare team.³⁰ In this context, the fact that the coping with stigma sub-dimension had a positive and borderline significant effect on satisfaction suggests that developing psychosocial coping skills in the self-management of an individual's chronic illness may also increase their perception of satisfaction.³¹ The explanatory power of the model included in our study reveals that participants' satisfaction levels are deeply affected not only by clinical signs and symptoms but also by psychosocial factors in chronic disease self-management. By contrast, the fact that sub-dimensions such as healthcare effectiveness and treatment compliance do not show a meaningful relationship with nursing care satisfaction suggests that satisfaction is determined not only by the individual's disease management performance but also by the emotional support, respect, and relationship quality they feel from the healthcare system.³² This situation points to the subjective nature of satisfaction and the greater weight given to the human interaction dimension in older adults' service evaluations. From a clinical perspective, developing nurses' skills in recognizing internalized stigma in older adults, establishing open and empathetic communication, and providing psychosocial support is an important step toward increasing care satisfaction.

Furthermore, holistic interventions focused on strengthening older adult individuals' relationships not only with their illness but also with the healthcare system should be prioritized in nursing practice.³³ This can improve an individual's perception of both themselves and the care they receive.

In conclusion, this study examined the relationship between the self-management level of older adults with chronic diseases receiving inpatient treatment and their satisfaction with nursing care. The research findings revealed that older adult individuals generally possessed moderate chronic disease self-management skills and had high levels of satisfaction with nursing care. Regression analyses showed that the level of chronic disease self-management had a significant but low negative effect on nursing care satisfaction. Accordingly, it is recommended that nurses develop individualized counseling programs that support self-management, considering the cognitive, psychosocial, and physical characteristics of older adult individuals with chronic diseases. Furthermore, as the perception of self-stigmatization negatively affects care satisfaction in older adult individuals, interventions targeting this perception should be developed.

Limitations

There are a few limitations to consider in this study. First, because the study was conducted in a hospital in Türkiye, caution should be exercised when generalizing the results to a larger population. Additionally, the cross-sectional design precludes causal inferences, and limitations exist in terms of potential sampling bias, the use of self-reported measures, the survey-based nature of the data collected, accuracy, and potential recall bias.

Author Contributions

AAU; Conceptualization, AAU, ET; methodology, AAU; data curation, formal analysis, AAU, ET; original draft, writing –review & editing.

Ethics Committee Approval

Ethical approval for this research was obtained from the Scientific Research Ethics Committee of Lokman Hekim University (Decision no: 2024/297 and Code no: 2024288).

Conflict of Interest

There is no conflict of interest among the authors.

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