

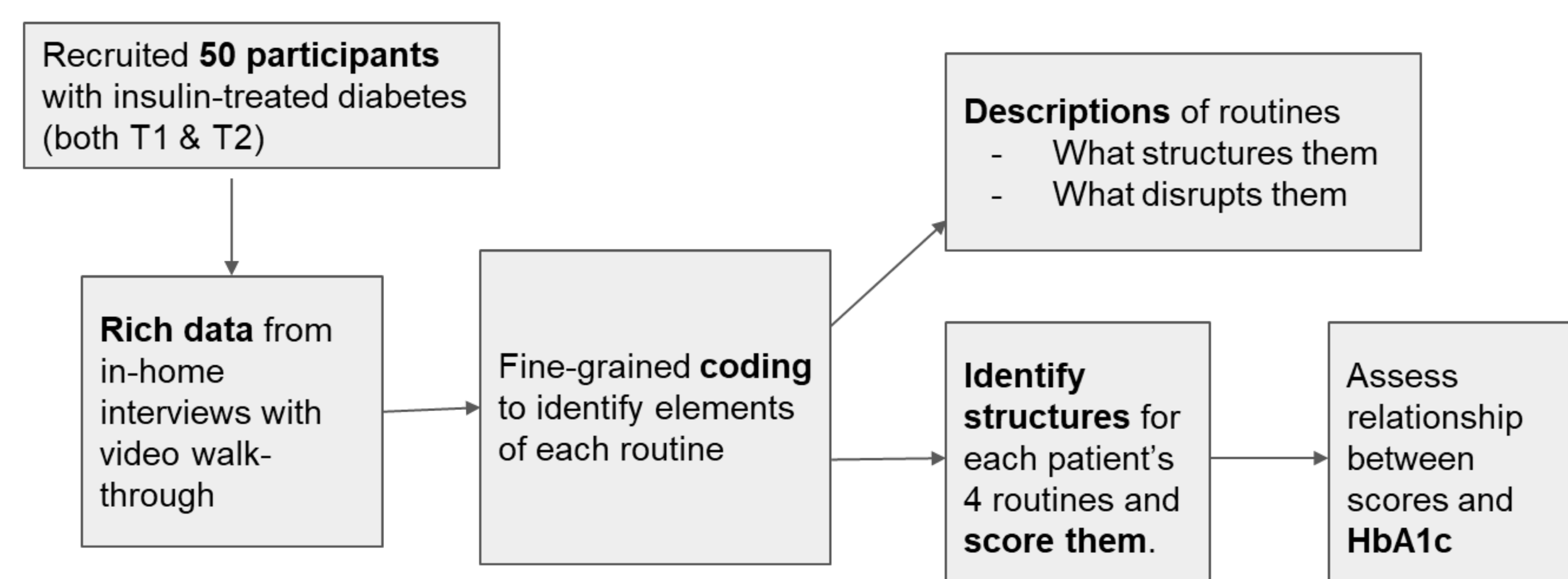
SUMMARY

We studied the composition of self-care routines. Good routines were associated with a better clinical outcome. Understanding the elements that compose routines creates new spaces for patient engagement and support.

INTRODUCTION

- Medication adherence rates are not improving with interventions¹.
- Family support can help *and* hurt².
- Adherence to therapy is especially challenging in young people³.
- We already have tools to study individual capacities and skills, but we need theoretical and methodological resources for studying routines.
- This study uses organizational routines theory⁴ and a patient work⁵ perspective to analyze diabetes self-care routines and their relationship to a clinical outcome, the HbA1c score.

METHODS



RESULTS

These elements structured the routines:

Other actors - human, animal, or institutional actors

Temporal patterns - patterns at a variety of timescales, e.g. “work hours” or “every Sunday”

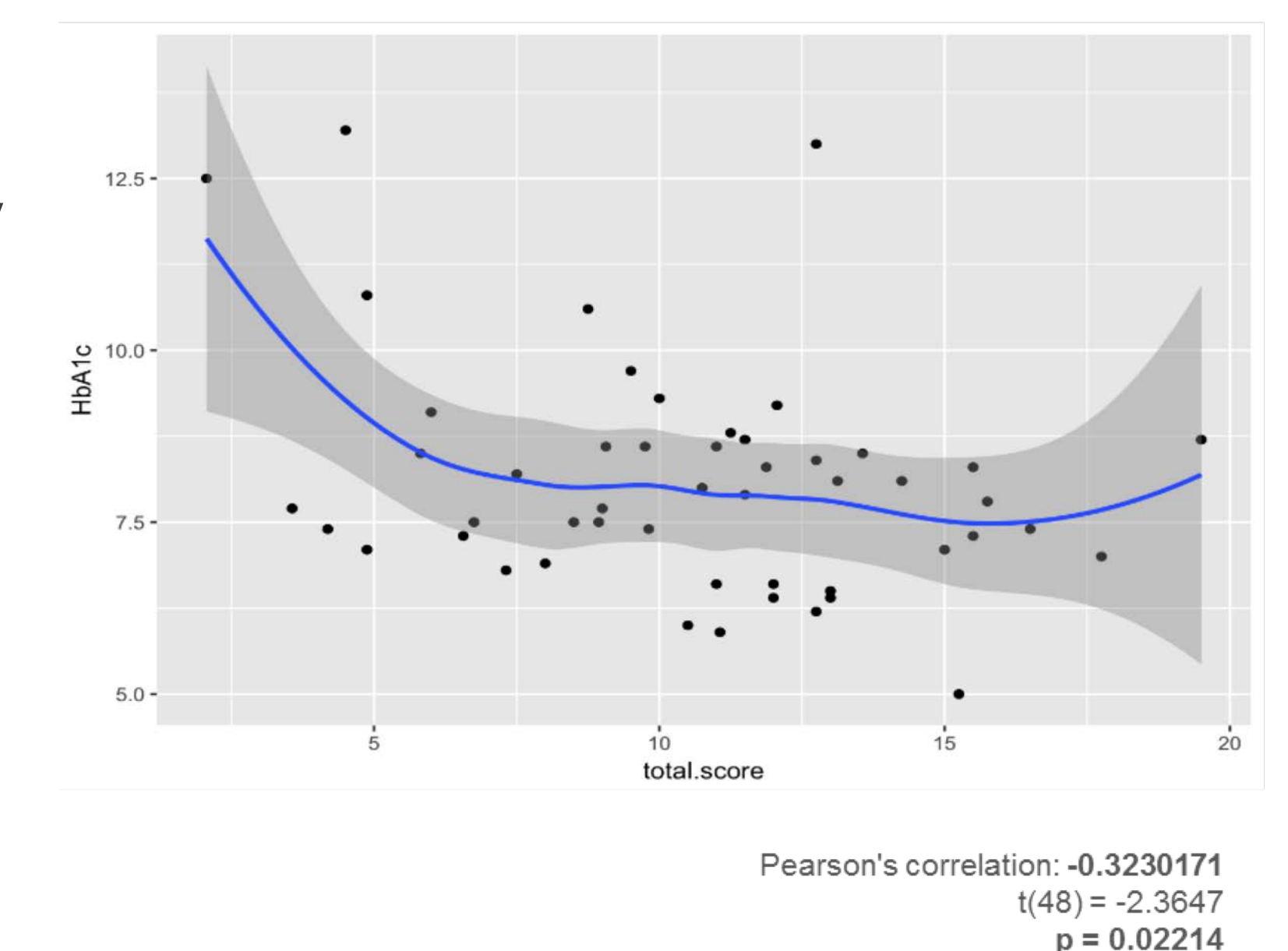
Artifacts - physical (or digital) items.

Expertise - experience that has turned into knowledge

Space - locations and their significance

The Body - aspects of the physical body that constrain or enable activity, e.g. hypoglycemic awareness

A high total routine score is associated with a low HbA1c



CONCLUSIONS

- A good routine can contribute to a better clinical outcome in diabetes.
- New patient engagement tools are needed to assist patients in developing good routines.
- More research is needed to understand how routines are disrupted and how resilience can be designed into self-care activities.

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