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

Recruited 50 participants with insulin-treated diabetes (both T1 & T2)

- Rich data from in-home interviews with video walk-through
- Descriptions of routines - What structures them - What disrupts them
- Identify structures for each patient's 4 routines and score them.
- Assess relationship between scores and HbA1c

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.

REFERENCES