Editorial

Self-Care Research: Expanding New Frontiers for Nursing Science

Ercole Vellone[1,2], Davide Ausili[3], Maddalena De Maria[4], Maria Matarese[5]

[1] Professor of Nursing, Department of Biomedicine and Prevention, Tor Vergata University of Rome, Italy (mail: ercole.vellone@uniroma2.it)
[2] Visiting Professor, Department of Nursing, Faculty of Nursing and Midwifery, Wroclaw Medical University, Poland
[3] Professor of Nursing, Department of Medicine and Surgery, University of Milano-Bicocca, Italy
[4] Associate Professor of Nursing, Department of Life Science, Health, and Health Professions, Link Campus University, Italy
[5] Associate Professor of Nursing, Research Unit of Nursing Sciences, Campus Bio-Medico University of Rome, Rome, Italy

Citation: Vellone E, Ausili D, De Maria M, Matarese M. "Self-Care Research: Expanding New Frontiers for Nursing Science" (2026) *Interdisciplinary Journal of Nursing and Health* 5(2): 86-90. DOI: https://doi.org/10.82051/ijnh-2026-509

What does it mean, in 2026, to take care of yourself? The answer, as a full day of research at Link Campus University in Rome made clear, is more complex, more political, and more urgent than healthcare has traditionally assumed. On 5 May 2026, the Fourth International Workshop on "Self-Care Research: Expanding New Frontiers for Nursing Science" brought together researchers, doctoral students, and clinicians from across Italy and beyond. The studies they presented ranged from heart failure clinics to refugee reception centres, from osteoporosis units to the streets of Milan's Chinese neighbourhood, from diabetes to pulmonary diseases, from inflammatory bowel disease to stoma, from coronary heart disease to cancer, from healthy individuals to Parkinson disease. This editorial draws out the findings that matter most.

Update of Middle range Theory of self-care of chronic illness

Barbara Riegel (Professor Emerita, University of Pennsylvania) set the tone for the day. Her Middle-Range Theory of Self-Care of Chronic Illness, first published in 2012, now cited over 1,300 times, has just received its most significant update since its inception. The 2026 revision names, for the first time, a macro-level layer of structural determinants of self-care: rural versus urban living, food deserts, built environment quality, exposure to violence and crime, and local health policies (Riegel et al., 2026). Alongside these sit the familiar micro-level factors (e.g., age, gender, cognition, disease stage, and multimorbidity) and meso-level social influences (e.g., culture, caregivers, and community resources). Self-care does not happen in a vacuum. It happens in a world that either enables or obstructs it, and any theory that ignores that world is incomplete. Prof. Riegel also presented ViCCY, the Virtual Caregiver Coach for You, an intervention that supports caregivers' own health, not just their efficiency as carers. Roughly 17% of adults in Europe and United States provide unpaid informal care. Almost none of them are the target of self-care

Funding: This research received no external funding. **Conflict of Interest:** The author declare no conflict of interest.

interventions. That oversight, the workshop made plain, can no longer stand.

Self-Care in the General Population

The Self-Care Inventory (SCI) (Luciani et al., 2025), the first instrument ever built to measure self-care in the general population, has now been translated into fifteen languages and validated across multiple continents. Michela Luciani (University of Milano-Bicocca), who developed it in 2022 together with Davide Ausili, Barbara Riegel, Claudio Barbaranelli, and Maddalena De Maria, presented a pattern identified in the US and in Italian populations: people generally manage their health routines reasonably well, and are able to notice changes in their bodies adequately. However, when a symptom demands a response, they struggle. Self-care management scores are consistently the lowest of all three dimensions of Self-care. Culture shapes this gap differently: Italians score lower on diet and health monitoring, whereas Americans score lower on medication use for symptoms management. These differences are not noise. They are structured and matter for cross-national research design. In 340 Italian adults (Fabrizi et al., under review; University of Milano-Bicocca), self-efficacy was the primary modifiable predictor across all three dimensions. Younger men, singles, parents, and non-healthcare workers scored lower on specific scales. Income, chronic disease status, and perceived stress did not reach significance. In the general population, self-care deficits are not primarily driven by poverty or illness, they are driven by confidence. A three-year longitudinal study of 274 nursing students (Sangalli et al., under review) confirmed that self-care improves across training, but unevenly: male students lag behind their female peers throughout the programme. For nursing schools, that represents a direct challenge.

Disease-Specific Evidence Across Conditions

Six disease-specific presentations showed the same theoretical framework generating sharply different clinical pictures, and the same lesson surfacing each time. In a study of 540 people with type 2 diabetes, Diletta Fabrizi (University of Milano-Bicocca) found that self-efficacy predicts self-care management more powerfully than any other variable -. Qualitative findings brought that number to life: patients described the daily grind of dietary restriction, the slow normalisation of insulin levels, the private discipline of a disease that never stops. Marco Clari (University of Turin) examined self-care in COPD (Clari et al., 2024), integrating questionnaires, interviews, and focus groups, and identified four self-care styles: Proactive, Reactive, Hypoactive, Inactive, each associated with its own psychological profile. The clinical implication is direct: a patient who feels overwhelmed (hypoactive) needs a different intervention from one who simply ignores their symptoms (inactive). Chiara Tedesco, from Tor Vergata University of Rome (Tedesco et al., 2025) tackled osteoporosis, a disease that gives no signals until a bone breaks. Her research showed all three self-care dimensions are present even in this chronic condition, but transformed: monitoring happens through DXA scans, not body awareness; management fires after fractures, not before. And a cross-national comparison between Italian and Spanish patients revealed something deeper. Italians built their self-care stories around doctors and medications. Spanish people described self-care as ordinary daily habit. Same disease, different worlds. That is not individual variation. That is culture operating as a structural force. Ilaria Marcomini presented the Ostomy Self-Care Index for the 80,000 Italians living with a stoma, a population which is largely ignored (Marcomini et al., 2024). The tool works: strong psychometrics, meaningful correlations with quality of life. Giulia Petruccini showed that in inflammatory bowel disease (IBD), resilience and nurse-patient mutuality protect self-care, while depression and anxiety erode it systematically. Marco Di Nitto (University of Genoa) delivered the sharpest clinical message of the session: in 518 patients on oral anticancer treatment, lower self-care scores directly predicted more emergency admissions, increased rehospitalizations, and worse quality of life (Ucciero et al., 2025).

Dyadic Self-Care and Caregiver Contribution

Self-care has never been a solo performance, and several presentations proved it. Roberta Di Matteo's HEARTS-IN-DYADS study enrolled 457 coronary heart disease patients and their caregivers across four Italian centres (Di Matteo et al., 2025). The headline finding

was counterintuitive: caregiver presence was negatively associated with patient self-care across all three dimensions. Di Matteo attributes this results to the fact that patients who have caregivers may simply be more dependent to begin with. Does caregiver involvement sometimes replace patient agency rather than support it? Self-efficacy, the data confirm, remained a positive predictor regardless. In the SODALITY study, Giulia Andrea Baldan (Tor Vergata University of Rome) interviewed 34 older adults managing multiple chronic conditions and their family caregivers (Baldan et al., 2025). Older adults tended to prioritize the most disabling symptoms, while caregivers prioritized the conditions they perceived as more dangerous or at higher risk of complications. Decision-making ranged from patient-led to caregiver-led to shared, and conflicts were often managed through dialogue, persuasion, or, at times, resignation. Task distribution also varied across dyads, with collaborative, older-adult-directed, and caregiver-directed patter. Regarding the concordance of older adults and family caregivers in perceived speed of symptom recognition (fast versus slow recognition) dyads can become more aligned over time, especially when older adults have higher education and greater self-efficacy. Other predictors of greater concordance were a diagnosis of COPD, higher self-care and better physical quality of life. No significant family caregiver predictors emerged. Congruent dyadic care type can affect patient mental health-related quality of life (HRQoL). Patient-oriented type congruence and collaborative type congruence were associated with better patient mental HRQoL, , whereas caregiver-oriented type congruence was associated with worse patient mental HRQoL. No significant associations emerged for caregiver mental HRQoL. Angela Durante stepped back to give the historical view: caregiver contribution to self-care has moved, over a decade, from invisible family work to measurable science (Buck et al., 2024). The instruments now exist. What the field still lacks, Durante argued, is rigorous measurement of what caregiving costs in terms of fatigue, burden, and health foregone. That is the next frontier.

Self-Care at the Margins: Migrants and Vulnerable Populations

These three presentations showed what it looks like when the theory's new macro-level layer collides with lived reality. Yi Chen (From Tor Vergata University of Rome and University of Milano-Bicocca) followed 40 first-generation Chinese immigrants in Milan. She reported that one participant had stopped running in the park near his home since he had been approached by strangers asking for money. Twice. He no longer felt safe. That is not a motivational deficit. That is violence functioning as a structural barrier to physical activity, exactly the kind of determinant the 2026 theoretical update now formally names, and that no health education programme can fix. Chen's broader findings underline the same point: self-care among this population is reactive, culturally embedded, and structurally constrained. Mariachiara Figura (University of Palermo) is building the tools to study this at scale (Figura et al., 2025). Her EMBRACING programme will follow vulnerable migrants through reception centres over time, mapping self-care behaviours against a framework that does not assume stable housing, healthcare continuity, or freedom from legal precarity. Camilla Elena Magi's BE-HEALTHNIC study focuses on settled immigrants with type 2 diabetes, people who have lived in Italy for an average of 22 years across nine ethnic groups. For the first time in Italy, the study will test how ethnicity, generational status, and years of residence shape self-care pathways (Magi et al., 2026).

Interoception, Heart Failure, and Parkinson's Disease

Another contribution came from Giulia Locatelli. Her MUSA-BEA study (788 adults, data collected June 2024 to March 2026) is mapping cardiovascular risk using a comprehensive exposome approach (Locatelli et al., 2025). One of its variables is interoceptive sensibility, that is the capacity to notice and attend to internal bodily signals. The preliminary finding is striking: adults who score higher on "noticing" (awareness of bodily sensations, comfortable and uncomfortable) are significantly more likely to achieve adequate self-care maintenance. Greater body listening predicts better monitoring. Before a patient can respond to a symptom, they need to perceive it. That capacity, the data suggest, is not equally distributed. If interoception can be trained, it could become an intervention target unlike anything currently in the field's toolkit.

The REMOTIVATE-HF randomised controlled trial (principal investigator Ercole Vellone; 257 HF patient- caregiver dyads enrolled to date) is testing motivational interviewing against usual care in heart failure (Vellone et al., 2023). Both groups are improving at three months, a sign of trial engagement, though the full sample is not yet reached and conclusions about the specific effect of the intervention must wait. What is already clear is that the trial's design (i.e., dyadic enrolment, theory-grounded intervention, longitudinal follow-up) sets a standard. Monica Petralito (Tor Vergata University of Rome) closed the clinical presentations with self-care of Parkinson's disease, a condition where caregivers are indispensable, and no validated self-care instrument yet exists; a quantitative study of 311 dyads is the next step in filling that gap (Petralito et al., 2026).

Convergences and Emerging Priorities

Step back from the individual studies, three patterns emerge with striking force. The first is self-efficacy. It appeared as a significant predictor in every single chronic condition studied, such as diabetes, COPD, cancer, IBD (Napolitano et al., 2025)(from Catholic University of Rome), heart failure, osteoporosis, the general population, nursing students, settled immigrants. It is modifiable. It responds to motivational interviewing, skills training, and therapeutic education. There is no longer a credible scientific excuse for designing self-care interventions that do not target it directly. The second pattern is the self-care management gap. People are reasonably good at self-care maintaining routines. They notice changes adequately. What they cannot do consistently is decide what to do when something goes wrong. That gap exists across every population and condition studied, and it deserves to be the primary focus of intervention design, not a footnote in general health education. The third pattern is the most consequential. Self-care is not an individual behaviour. It is a social, relational, and structural phenomenon. This was not a fringe position at the Fourth International Workshop. It was the consensus. Riegel's updated theory names it. Chen's migrant data illustrate it. Tedesco's cross-national comparison proves it. Baldan's qualitative work shows it operating inside the home. Figura's EMBRACING programme is building the infrastructure to measure it at scale. A research agenda that locates the cause of self-care deficits in individual motivation alone — while ignoring food deserts, unsafe neighbourhoods, overcrowded housing, cultural mismatches, and exhausted caregivers — is not just incomplete. It is asking the wrong question.

The Fourth International Workshop showed that Italian nursing science is ready to answer it. The Interdisciplinary Journal of Nursing and Health looks forward to publishing future reports on self-care research.

References

- Baldan, G. A., Dello Iacono, I., Giurissevich, V., Ausili, D., Vellone, E., De Maria, M., & Matarese, M. (2025). Older Adults' Self-Care and Family Caregiver Contribution in Multiple Chronic Conditions: A Dyadic Qualitative Study. *J Adv Nurs*. https://doi.org/10.1111/jan.70246
- Buck, H. G., Howland, C., Stawnychy, M. A., Aldossary, H., Cortes, Y. I., DeBerg, J., Durante, A., Graven, L. J., Irani, E., Jaboob, S., Massouh, A., Oberfrank, N., Saylor, M. A., Wion, R. K., & Bidwell, J. T. (2024). Caregivers' Contributions to Heart Failure Self-care: An Updated Systematic Review. *J Cardiovasc Nurs*, 39(3), 266-278. https://doi.org/10.1097/JCN.0000000000001060
- Clari, M., Riva-Rovedda, F., Dimonte, V., & Matarese, M. (2024). Self-care styles of patients with chronic obstructive pulmonary disease: A mixed methods case study. *Heart Lung*, 68, 231-241. https://doi.org/10.1016/j.hrtlng.2024.07.011
- Di Matteo, R., Bolgeo, T., Dal Molin, A., Bassola, B., Lusignani, M., Maconi, A., Rasero, L., Vellone, E., & Iovino, P. (2025). Self-care behaviours and their determinants in people affected by coronary heart disease. *J Clin Nurs*, 34(5), 1713-1724. https://doi.org/10.1111/jocn.17299
- Figura, M., Pucciarelli, G., Simeone, S., Arcadi, P., Uchmanowicz, B., Vellone, E., & Alvaro, R. (2025). The experience of a multidisciplinary team in welcoming vulnerable migrants in a rural Italian reception centre: a study using multidimensional textual analysis. *BMC Nurs*, 24(1), 957. https://doi.org/10.1186/s12912-025-03588-7
- Locatelli, G., Matus, A., Lin, C. Y., Vellone, E., & Riegel, B. (2025). Symptom perception in adults with chronic physical disease: A systematic review of insular impairments. *Heart Lung*, 70, 122-140. https://doi.org/10.1016/j.hrtlng.2024.11.004
- Luciani, M., De Maria, M., Barbaranelli, C., Fazio, P. C., Riegel, B., & Ausili, D. (2025). Measuring self-care in the general adult population: Cross-validation of the Self-care Inventory. *Appl Nurs Res*, 82, 151920. https://doi.org/10.1016/j.apnr.2025.151920
- Magi, C. E., El Aoufy, K., Amato, C., Longobucco, Y., Bambi, S., Vellone, E., Bonaccorsi, G., Lorini, C., Rasero, L., & Iovino, P. (2026). The Association Between Self-Care and Health Literacy in Patients With Chronic Diseases: A Systematic Review and Meta-Analysis. *J Clin Nurs*. https://doi.org/10.1111/jocn.70291
- Marcomini, I., Iovino, P., Rasero, L., Manara, DF., Vellone, E., Villa, G. (2024). Self-Care and Quality of Life of Ostomy Patients: A Structural Equation Modeling Analysis. *Nursing Reports*, 8;14(4):3417-3426. doi: 10.3390/nursrep14040247.
- Napolitano, D., Bozzetti, M., Petrosino, F., Cilluffo, S., Trotta, F., Pucciarelli, G., Bartoli, D., Lo Cascio, A., & Vellone, E. (2025). Self-Efficacy as a Mediator Between Caregiver Burden, Health Literacy, and Contribution to Self-Care in Inflammatory Bowel Disease. *Dig Dis Sci*. https://doi.org/10.1007/s10620-025-09577-9
- Petralito, M., Tedesco, C., Vellone, E., Cilluffo, S., Lusignani, M., Terzoni, S., Zanichelli, A., Caruso, R., & Pucciarelli, G. (2026). Self-Care Experiences and Behaviours in People With Parkinson's Disease: A Meta-Synthesis. *J Geriatr Psychiatry Neurol*, 39(4), 380-412. https://doi.org/10.1177/08919887251392139
- Riegel, B., Jaarsma, T., & Stromberg, A. (2026). An Update to the Middle-Range Theory of Self-Care of Chronic Illness. *ANS Adv Nurs Sci*, 49(1), 14-25. https://doi.org/10.1097/ANS.0000000000000594
- Tedesco, C., Bernalte-Mart, I. V., Tormen, M., Cuoco, A., Pucciarelli, G., Vellone, E., De Maria, M., Basilici Zannetti, E., Cittadini, N., Pennini, A., Tecce, S. M., Smakaj, A., Tarantino, U., & Alvaro, R. (2025). The Experience of Self-Care in People With Osteoporosis: A Qualitative Descriptive Study. *J Nurs Scholarsh*, 57(6), 1025-1037. https://doi.org/10.1111/jnu.70044
- Ucciero, S., Younas, A., Torino, F., Durante, A., Lacarbonara, F., Bolgeo, T., Damico, V., Ghizzardi, G., Zerulo, S. R., Alvaro, R., Vellone, E., & Di Nitto, M. (2025). Factors associated with self-care in adults with cancer receiving oral anticancer agents: A sex-stratified Bayesian analysis. *Eur J Oncol Nurs*, 79, 103019. https://doi.org/10.1016/j.ejon.2025.103019
- Vellone, E., Rebora, P., Iovino, P., Ghizzardi, G., Baricchi, M., Alvaro, R., Sili, A., Barello, S., Ausili, D., Trenta, A. M., Pedroni, C., Dellafiore, F., Arrigoni, C., Riegel, B., & Caruso, R. (2023). Remote motivational interviewing to improve patient self-care and caregiver contribution to self-care in heart failure (REMOTIVATE-HF): Rationale, design, and methodology for a multicentre randomized controlled trial. *Res Nurs Health*, 46(2), 190-202. https://doi.org/10.1002/nur.22289