BRIEF (5) July, 2008
Self Management, Current Frameworks and Implications for Practice

This briefing was prepared as part of a primary health care research collaboration between Griffith University and General Practice Queensland.

Background

This briefing provides an overview of the current knowledge of self management and explores the broader context of embedding self management practices within the health system. The full article (in journal publication review) can be found at www.gpqld.com.au/Programs/Collaborative_Research_Hub

This briefing highlights the most significant issues impacting on self-management as it is understood in health practice, identifies the current frameworks that describe how self-management is supported in practice and explores approaches that can help facilitate self-management in practice. Briefing (6) explores how self-management is supported in the general practice environment and theoretical perspectives that could inform self-management support.

Current Knowledge

Greatest amount of evidence in the literature has focused on self management education programs, which is only one aspect of self management. A review by Griffiths (2007)[1] identified 36 studies of self management education programs and identified 13 different components within these programs (general education/information, facilitated discussion, skills training, behaviour therapy, problem-solving, cognitive therapy, social support, relaxation, biofeedback techniques, relapse prevention skills, diet or exercise instruction and miscellaneous activities such as stress management). This highlights the substantial variation between the various self-management interventions available.

However, little is known about how self management is conceptualised and how it can be supported effectively other than education programs. In the general practice setting, most interventions lacked external validity and feasibility in the practice setting, were too complex and few attempted to influence GP behaviour (see review by Leeman, 2006[2]). Primary recommendations were that self management interventions needed to be simplified.

Self Management in the Health Setting

Self management is broadly conceptualised with inconsistent definitions and unwritten assumptions creating broad interpretation and confusion. Understanding of self management has been explored extensively (e.g. by Lorig and Wagner). In a recent concept analysis[3] five essential components appeared in the literature definition, including:

- Knowledge: The ability to acquire, understand and evaluate information necessary to manage one's health and to use that information in decision making.
- Goal Setting and Problem Solving: The ability to monitor the impact of illness on one's life, and plan, prioritize, problem-solve, set goals and make decisions in response to that impact.

- Mobilizing Resources: The ability to identify and activate resources in a timely manner, and to recognise one's personal limitations or needs for support.
- Self-efficacy: Having confidence in one's ability to cope, manage and respond to disease and its impact and a belief in one's ability to adapt one's behaviour, lifestyle and cognitions in response to challenges.
- Collaboration: The ability to communicate with professionals, services and systems to make decisions collaboratively and negotiate to get one's needs met successfully.

These components highlighted the fact that self-management involves a complex and diverse set of skills and activities, combined with attitudinal variables, such as confidence, that enable individuals to apply their skills. The concept of self-management is clearly multi-faceted and requires further definition to facilitate its use in practice and policy.

Self Management: Client Perspective

The research suggests that although there are common elements of self management, it is individually constructed with ongoing fine tuning and understanding of the illness to adjust within their social context and lifestyle of the individual. This makes it difficult to describe, predict or understand self management.[4]

Supporting Self Management

Despite the fact that self-management features as a priority in almost every call for primary care reform, the complexities involved in delivering the necessary supports to promote self-management are poorly understood. [4] Little is known about how to integrate self-management into the daily activity of the health system and the practices of health professionals.

To date, self-management support has been defined in a fairly narrow way, namely as the systematic provision of education and supportive interventions by health care staff to increase patients' skills and confidence in managing their health problems, including regular assessment of progress and problems, goal setting, and problem-solving support".[5] Much of the available evidence in this area pertains to the delivery of educational courses, such as the chronic disease self-management course (Lorig et al., 1993)[6] Indeed, the RACGP[7] also conceptualised self-management interventions as consisting of education and information, motivational interviewing, peer support, structured programs led by health professionals or lay people, symptom diaries and community-based skills training. They noted that to assist people to self-manage, it was necessary to develop their skills, guide lifestyle and behaviour changes, develop knowledge about disease and symptom management and support the effective use of community resources.

However, self-management support is much more complicated than simply providing skills and knowledge. It involves engaging in processes that foster people's opportunities to apply problem-solving skills, experience self-efficacy and apply their knowledge in real-life situations.[8] In one of the few attempts to systematically explore self-management support, Spearing, Eakin and Wilson (2005)[9] developed a process framework for professional practice. They noted that to support self-management, health professionals would need to engage in:

- Collaborative planning and goal setting
- Information provision and skill development
- Supports for behaviour change
- Planned follow-up and monitoring

The follow up briefing (6) explores self management practices in the general practice environment.

Acknowledgments

This briefing is a summary of a research paper (in journal publication review)

Paper Title: **Supporting Self-Management in General Practice: An Overview**

Available at: www.gpqld.com.au/Programs/Collaborative_Research_Hub

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The work was made possible by funding from Queensland Health and the Motor Accident Insurance Commission. The valuable time and advice provided by Queensland Self-Management Alliance is recognised.

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