

BRIEF (6) July, 2008

Self Management, In General Practice Environment

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

Background

This briefing explores how self-management is supported in the general practice environment and theoretical perspectives that could inform self-management support. The full article (in journal publication review) can be found at www.gpqld.com.au/Programs/Collaborative_Research_Hub

Self Management in the General Practice Environment

The general practice setting provides an environment which supports self management principles, but must be adapted to meet the demands of the practice and pressure on the GP. This section will propose a workable model of self management support which allows for the complex social and environmental context for people living with chronic disease and the context within which health professionals provide care. To support this environment a set of eight characteristics were proposed¹ which included: a care team that works collaboratively; continuity of care across service providers; coordination of referrals; documentation of goals, plans and services; ongoing quality improvement; patient input; staff training and education; and integration of self-management into the fabric of the practice. To support this process at the practice level the following activities need to occur²:

- Systematic Follow-up
- Time to address self management tasks during consultancy
- Practice Setting needed space for group education and peer support group
- Shift from clinical outcomes towards a focus on the day-to-day problems of living with a chronic illness.

Integration of self management strategies within the practice setting have shown to influence behavioural change and improved health outcomes³ These strategies included committed senior leaders, more than one self-management champion, designated roles associated with self-management and inclusion of self-management as a regular agenda item for discussion, a local social marketing campaign and behaviour change tools/materials in the practice, training for staff members, modelling of self-management for clients, multiple methods and sites of client engagement and active prescription of self-management activities.

Creating a person-centred approach which assists consumers to self-regulate their behaviour, whilst a challenge for the general practice setting, provides a humanistic approach. This approach would need to be facilitated with the support and integration strategies outlined above.

Theory behind the Support Techniques

Self-determination theory (SDT) is a theory of self-motivated behaviour change that has been under development for more than 30 years.⁴ Research has confirmed a place for SDT in the health system in that internalised motivation, when well supported by others, is associated with higher levels of treatment attendance, less drop-out, less relapse, and enhanced well-being.⁴ Research in diabetic patients has shown that autonomous motivation for adaptive self-management behaviours (diet, exercise, and medication compliance) predicted greater glycemic control.⁵ According to some researchers, the principles of self-determination theory, when combined with scientifically supported

treatments,⁶ should maximise the ability of people with chronic conditions to achieve substantial and lasting health outcomes.

SDT provides clear guidance about how to support people to thrive and, therefore, provides a potential framework for self-management support. For instance, competence will be facilitated through structure, such as clear expectations, achievable goals, and tangible feedback. In conjunction with structure, however, autonomy support is provided by maximising opportunities to exercise choice. Researchers have suggested that this involves (a) developing a personally meaningful rationale for engaging in a behaviour; (b) minimising reliance on external controls; (c) providing opportunities for participation; and (d) acknowledging negative feelings associated with engaging in difficult tasks.⁷ Pressure to engage in behaviour change is minimised, and individuals are encouraged to initiate actions themselves. To facilitate competence, the link between the behaviour and valued outcomes is made apparent, expectations are clear, and positive feedback is provided. The entire interaction occurs within a warm environment which capitalises on the personal relationship between the professional and the person with the condition.

Motivational interviewing⁴ is an example of this, and includes mutual goal setting and agreement, open-ended questions that allow clients to express their concerns freely, reflective listening to ensure understanding and summarising to clarify conclusions. The most critical aspect of motivational interviewing is the need for neutrality and suspension of any stereotypes or assumptions. However, motivational interviewing in its entirety is time-consuming and may not be possible within the short general practice consultation. Although the technique does provide some simple strategies that could facilitate self-management, self-management support strategies must be workable in the practice context.

System Enablers

In attempting to simplify self-management support in the practice setting, Coleman and Newton (2005)² designed a cycle of steps to create an interactive feedback loop between clients and GPs. These steps involve:

- 1) The collaborative selection of a self-management strategy or desired behaviour change;
- 2) The provision of information about the topic;
- 3) The exploration of barriers to that outcome;
- 4) The setting of goals and action plans;
- 5) Determination of confidence level and
- 6) The provision of support for the plan to be implemented.

Coleman and Newton also discussed the importance of a consistent rating system to allow people to engage in monitoring their condition and symptoms. They described a system of green, yellow and red zones of management to enable people to make sense of when they should contact a health professional for input.

In acknowledging this broader view of self-management, Spearing et al. (2005)⁸ included system enablers in their framework of self-management supports. Specifically, they noted that self-management is more easily promoted in the presence of:

1. Integration across services and sectors
2. Supportive policies
3. Individualized, disease-specific, culturally competent and interdisciplinary services
4. Capacity building around healthy lifestyles

Relationships with general practitioners sited as a critical factor in determining whether or not they enacted and maintained self management activities following training. An individualistic approach to self management is insufficient to bring about change. Broader self management supports recommended include:

- collaborative planning and goal setting
- development of applied skills
- follow-up and support in the person's own setting
- continuity of care across settings and
- access to sufficient community resources and supportive environments

Information Communication Framework (ICF)

The ecological approach to health has been translated into a well-known framework which may provide a useful mechanism for promoting self-management, namely the World Health Organisation International Classification of Functioning, Disability, and Health (WHO, 2001).⁹ This framework is being utilised across the world to facilitate a consistent approach to health and functioning. The ICF provides a structure by which to present information and a coding system that ensures attention is given to contextual factors. The ICF is divided into two parts, 1) functioning and disability and 2) context. Functioning and disability is classified according to two dimensions, namely body functions and structures, and activities and participation. Context is classified according to two dimensions, namely environmental factors and personal factors. Codes and scores, ranging from positive to negative, can be assigned to enable a full evaluation of the person and their context. Using the ICF as a guide, Steiner et al. (2002)¹⁰ have developed a **Clinical Problem-Solving Form** that enables practitioners and their clients to apply the ICF in *problem-identification, goal-setting and understanding capacity of individuals to self-manage*. With space for responses from both the person and the practitioner across the ICF dimensions, the tool is used in an interactive way to facilitate open communication and shared understanding. This type of assessment and communication is likely to facilitate a supportive context for autonomy, structure for a sense of competence, a connection between practitioner and client and attention to context. Thus, this tool is likely to support self-management, but is brief, easy to use and meaningful to both parties.

Conclusions for a way forward

A system wide shift (paradigm shift) is needed to adopt an integrated self management approach. Sufficient self management evidence is accumulating, however to date, the process of change has relied on the education of people with chronic conditions, but little attention has been given to a comprehensive multi-level approach to change.

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/Collaborative_Research_Hub

Authors: Elizabeth Kendall¹, Heidi Muenchberger^{1,3}, Carolyn Ehrlich¹, Kylie Armstrong^{1,2}

1. Centre of National Research on Disability and Rehabilitation, Griffith Institute of Health & Medical Research, Griffith University, Meadowbrook Q 4131
2. General Practice Queensland
3. Queensland Health Southside District Place-Based Initiative

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.

For further information contact:

Dr Kylie Armstrong
Senior Research Fellow (Primary Health Care)
Griffith University & General Practice Queensland
Griffith Institute for Health and Medical Research
karmstrong@gpqld.com.au
07 47258868

Professor Elizabeth Kendall
Centre of National Research on Disability and
Rehabilitation Medicine
Griffith Institute for Health and Medical Research
Griffith University
e.kendall@griffith.edu.au

-
- 1 - Shetty, G. & Brownson, C. (2007). Characteristics of organizational resources and supports for self-management in primary care. *The Diabetes Educator*, 33 (S6), 185S-192S.
 - 2 - Coleman, M. & Newton, K. (2005). Supporting self-management in patients with chronic illness. *American Family Physician*, 72 (8), 1503-1510.
 - 3 - Crespo, R. & Shrewsbury, M. (2007). Integrating self-,management into primary care. *The Diabetes Educator*, 33, 126-131.
 - 4 - Vansteenkiste, M. & Sheldon, K. (2006). There's nothing more practical than a good theory: Integrating motivational interviewing and self-determination. *British Journal of Clinical Psychology*, 45(1), 63-82.
 - 5 - Williams, G., McGregor, H., Zeldman, A., Freedman, Z., & Deci, E. (2004). Testing a self-determination theory process model for promoting glycemic control through diabetes self management. *Health Psychology*, 23(1), 58-66.
 - 6 - (Joiner et al., 2003)
 - 7 - Markland, D., Ryan, R., Tobin, V. & Rollnick, S. (2005). Motivational interviewing and self-determination theory. *Journal of Social and Clinical Psychology*, 24(6), 811-831.
 - 8 - - Spearing, N., Eakin, E. & Wilson, A. (2005) Self-Management Support Framework. Centre for Primary Health Care, Brisbane: UQ.
 - 9 – World Health Organisation (WHO). (2001). ICF as the new member in the WHO family of International classifications. WHO Classification Assessment Surveys and Terminology Group. Retrieved 24th June, 2008 www.who.int/classification/icf
 - 10 - Steiner, W., Ryser, L., Huber, E., Uebelhart, D., Aeschlimann, A. & Stucki, G. (2002). Use of the ICF Model as a Clinical Problem-Solving Tool in Physical Therapy and Rehabilitation Medicine. *Physical Therapy*, 82(11), 1098-1107.