Is there a link between increasing self-management, and the resilience of the care provider? Will empowering and enabling the patient to take on more responsibility for their own health, actually help the care provider feel a greater accomplishment and allow them to let go of a bit of the responsibility?

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Michael Tonkins

4th Year Student Doctor
The University of Sheffield
mtonkins1@sheffield.ac.uk

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Introduction

In the United Kingdom today there is an increasing move towards self-management as both a desirable model of care in its own right and as a partial solution to a number of stresses which currently threaten the sustainability of our health system. It is crucial that the impact of self-management upon individual health providers is considered; however to date there has been a startling failure to do so[1]. In response, this essay will address the potential links between the increasing movement towards self-management, and the resilience of care providers.

The growth of self-management in the UK

Self-management, also referred to as self-care, is defined as the actions individuals and carers take for themselves, their children, their families and others to healthy[2]. This definition encompasses a variety of activities which fall upon a 'spectrum of care', from being fully autonomous (such as daily hygiene practices) to being exclusively delivered by professionals (such as tertiary inpatient services)[2]. In self management, the role of the healthcare professional is to collaborate with the patient, empowering and supporting them through joint decision-making, providing education and motivation as required, and providing training and equipment for self-diagnosis and self-monitoring[3].

Self-management is of contemporary importance for at least four reasons. Firstly, the National Health Service (NHS) is coming under increasing pressure due to the dual challenges of making £20bn in efficiency savings by 2015[4] whilst caring for an ageing population with a growing burden of chronic disease[5]. As a consequence, its capacity to deliver professional services is likely to decline and the need for patients to self-manage to grow commensurately. Secondly, there is a growing body of evidence that certain self-management practices are beneficial to patient, healthcare provider or both[6-8]. Thirdly, health and social policy makers are increasingly being urged to embrace self-management as an efficacious and economically attractive alternative to traditional care[9,10]. Finally, these changes in policy are also reflective of a wider cultural shift away from medical paternalism and towards promotion of individual patient autonomy and empowerment at a population level[11].

Widespread adoption of self-management would entail a significant shift on the 'spectrum of care' away from the current UK healthcare system, which is hierarchical and primarily professional-delivered[2,10], into a collaborative partnership[3]. This is a fundamental transformation of the patient-caregiver relationship. And whilst patient welfare should be the *sine qua non* of any healthcare

decision, it is also important to consider the impact upon the healthcare provider. Such a significant shift would certainly have implications at multiple levels: from the legislation governing the national health economy right down to that most essential encounter, the consultation. However there is a staggering paucity of consideration of service providers in the current literature on self-management. In one Cochrane systematic review of 30 studies on self-management, not one considered the views of the health professionals involved as an outcome[1]. The links between staff well-being and the quality of the service provided are clear[12], and it is therefore imperative that the health professionals who support self-management are considered in future research.

Resilience: a tool for appraising the impact of self-management on care providers

One way of approaching the impact of self-management on the care provider is through the concept of resilience. The precise definition of resilience is contested[13], however at its core resilience is the ability to adapt successfully in the face of significant stress and adversity[14]. It is a dynamic process, unique to the individual, by which they may not just avoid certain negative outcomes of adversity (such as depression or post-traumatic stress disorder), but may also increase their resistance to later stressors: the so-called 'steeling effect'[15].

Recent resilience research is concerned with identifying the actual processes through which resilience is conferred through two complementary streams of research which may be broadly characterised as the psychological and the physiological[14]. Psychological research is concerned with the individual cognitive processes and personality traits which appear to confer resilience, whereas physiological studies are concerned with neuroendocrine, genetic and epigenetic correlates[14].

One of the great challenges of future resilience research is to develop applications for our current knowledge in the service of prevention and treatment of stress-related pathologies. Among care providers factors such as excessive patient loads (16) and lack of time to care for needy patients[17] contribute to a high burden of stress-related illness and ongoing psychological pressure[12,18]. As a consequence, the estimated incidence of stress-related illness in the health and social care sector is almost double the all-industry rate[19]. Resilience promises to be both a means to understanding this problem and a solution for ameliorating its effects[13,20-23].

Self-Management is an opportunity to augment the resilience of care providers

The ability of care providers to successfully support self-management rests upon the practice of new knowledge, skills and behaviours[24], and therefore care providers must be trained in such techniques.

Furthermore, there is significant overlap between the knowledge, skills and behaviours necessary to support self-management, and the kind of characteristics which confer individual resilience. Therefore, the requirement to train care providers in the delivery of self-management also provides a parallel opportunity to incorporate and develop certain resilience strategies.

Based on their review of the resilience literature, Jackson *et al* propose four specific strategies by which healthcare professionals can build resilience around workplace adversity[20]. Three of these strategies (developing emotional insight, maintaining positivity, and becoming more reflective) are closely related to one-another[20]. All three are known to confer upon the individual a degree of resilience[25,26] but crucially they are also all important components of the doctor-patient relationship which is engendered by self-management. This relationship relies upon mutuality and reciprocity: patients and professionals occupy positions of mutual responsibilities and expectations[27]. Here, then, there is potential for synergy: the necessity of training care providers to support self-management is also an opportunity to train them in techniques of resilience.

The fourth strategy that Jackson *et al* propose is the development of strong social support networks - one of the most well-defined features of resilient individuals[28-30]. Here too there is the opportunity to harness the changes self-management is bringing, because effective support of patient self-management relies upon the care provider developing strong inter-professional relationships, not only within their own workplace but beyond into the wider health service and voluntary organisations[6]. Within this growth the concurrent development of collegial, nurturing relations between professionals is a significant opportunity to increase the resilience of care providers[20].

Potential barriers: difficulties with resilience and self-management

In order for this symbiosis between self-management and care provider resilience to be fruitful certain barriers must be overcome. One cluster of barriers is related to the concept of resilience itself; the second to the implementation of self-management in clinical practice.

As described above, resilience is a concept that has been developed in multiple academic fields simultaneously[20]. Whilst this has led to a multi-faceted understanding of the phenomenon, it also poses significant issues of definition and measurement. Definitions of resilience vary with context: it may be used to describe the differences in outcome following adversity[31], the process of personal growth which may follow[32], or the conferment of a future resistance to stress[15]. Closely related to the definition of resilience is the issue of how it is measured. Measurements of resilience in adults

have chiefly employed a combination of outcome measures (such as longevity, health status and careers success)[13], correlated these with quantitative scales such as and the Connor-Davidson Resilience Scale[33] and combined them with qualitative work[34]. Taking advantage of the synergy between self-management and care provider resilience requires a move towards a standard definition and measurement of resilience in this area.

Before the potential of self-management to improve the resilience of care providers can be realised self-management must be successfully introduced into clinical practice. There is evidence that self-management in general is given a low priority in consultations[35], and that certain self-management interventions are not viewed favourably by the practitioners charged with implementing them[36]. Furthermore, self-management requires a fundamental shift to working in partnership with patients, however UK data suggest that only 43% of patients are involved in making decisions about their treatments, and only 45% in planning to manage their condition at home[37,38]. This evidence is limited but is suggestive that, as Hibbard et al[39] conclude, clinician views and actions are out of step with the emerging standards, professional codes and health policy direction of self-management[3,39].

Conclusion

In summary, then, self-management is a powerful and developing movement that is beginning to change the nature of UK healthcare at numerous levels. There has, however, been a paucity of research into its impact upon individual care providers. The concept of resilience provides a powerful means of beginning to assess this impact. Furthermore, the significant crossover between the skills required to support self-management, and the characteristics which confer resilience, creates an opportunity to augment the resilience of care providers through training and supportive practice.

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