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?

Introduction

Today, people are expected to live longer than ever before, and yet, many still die prematurely from largely preventable conditions and complications[1]. With an increasingly ageing population come growing demands and pressures on healthcare and service providers to manage chronic and long term conditions that require continuing care.

Supporting and empowering people with long term conditions to gain the knowledge, skills and technology they need to live more independently is one way to reduce the over-reliance of ageing populations on care providers[2] and ultimately, preserve health services for generations to come[3]. This approach however, requires cautious facilitation by care providers who must work within the current limitations imposed by already hard-pressed and finite resources.

Healthcare Professionals as Pillars of Resilience

The Government estimates that helping people to help themselves and be as independent as possible could not only significantly reduce the incidence of many preventable conditions such as circulatory diseases, cancers and vascular dementias[4] but in addition, could also reduce the medical and societal cost and pressure of treating and managing these conditions[5].

As a means to support brief interventions for health promotions and to better identify opportunities for self-management and care, The Department of Health in collaboration with Public Health England have instigated a 'making every contact count' approach[6] where every NHS worker has a responsibility to facilitate and promote independence in healthcare[7].

The reliance on the individual healthcare professional to possess the relevant skills and knowledge-base to assess the self-caring and self-managing needs of patients is evident. There is an expectation that health workers at all levels of the patient pathway – from receptionist to consultant – are able, willing and capable of identifying, delivering and supporting the most appropriate interventions for service users and patients - monitoring their effectiveness and adapting to patients' changing preferences as needed.

These practitioners are required to adapt to unexpected events and unforeseeable demands[8] whilst maintaining and demonstrating accurate, professional and timely care and guidance irrespective of own personal beliefs, experiences, behaviours, capabilities and motivation. The reality and vastness of these pre-requisites in itself puts immense pressures on individuals and is not only obstructive to self-accomplishment but also increases the risk of inconsistent and fragmented services for patients by producing stressed and overwhelmed practitioners.

The Practitioner-Patient Parallel

Indeed, care providers are often required to be individually responsible for their own strength and self-assurance; in parallel, self-care and management also requires for patients to take almost full responsibility for their own health and well-being and to have the required skills to do so almost without intervention. However, without wider team and organisational support these approaches are only sustainable in the short term. That is, the culture and flexibility of the care provider is integral for practitioners to adapt to professional and personal circumstances efficiently - to deliver quality care and ensure patient safety[9] - in much the same way that the support and resilience of health services is vital to the success of patient self-management and care outcomes.

It is not only vital to identify patients willing and able to manage themselves[10] but similarly, it is also important to appreciate that despite health professionals having the knowledge and skills needed to self-care and manage, popular belief (and research) suggests that they do not frequently follow their own advice[11] and that they habitually ignore or are unable/unwilling to implement healthy behaviours and/or take charge of their own care and wellbeing[12].

In this sense, care providers are no different to the patients they care for, nor are they often the role models they are habitually expected to be. Health organisations need to intervene first and foremost to establish healthy foundations for practitioners before patients can be expected to buy into the concept of self-care and reciprocate by accepting full responsibility of self-caring in health and illness.

Only by looking at the holistic needs of the care provider, the patient, carers and the communities in which they live can sustainable and appropriate outcomes for all parties be accomplished. For example, the inadequate staffing, investment, training and support of care providers may lead to the inappropriate understanding of self-care assessments. This can lead to an increased risk for the patient - through increased GP visits, inadequate interventions, increased hospital visits and at worst, premature death[13] – in addition, it can also put further pressure upon already stretched services; testing the resilience of the individual health care provider and wider health service[14].

Building Resilience

Care providers should have the relevant leadership in place to guide[15] and promote the self-management and empowerment of patients. Only with the relevant signposting will practitioners feel adequately equipped and confident to give patients full responsibility for their own long term care – and only at this stage can practitioners feel a greater accomplishment in their practice. However, it is easy to see how without the appropriate support and in conflict with other clinical and organisational pressures (e.g. appointment times, targets, financial constraints, budget cuts and staff shortages) this vision is difficult to implement.

Indeed, the relationship between increasing self-management and the resilience of the care provider is today exemplified by a perpetuating cycle where an increasing number of patients need support from health practitioners who themselves need increasing training, knowledge and help to carry on and manage day to day pressures and stresses with very limited resources.

Both patients and practitioners are subject to similar individual pressures in building and maintaining resilience in practical terms. Furthermore, whilst local and organisational factors

may not necessarily be directly seen by the patient, their impact will be felt in the quality and availability of services. Most of the factors for consideration by care providers, patients, carers or anyone else interested in self-care can be grouped into specific areas: Resources, Awareness, Practice and Self. For example:

	Individual Resilience	Team Dynamics & Local leadership	Organisational Strength & Resilience
Resources	• Possess the skills, knowledge, time and equipment needed to support self or others in health and/or illness?	• Does the MDT possess the right structure • Flexibility to accommodate changes in need	• Does the care provider value the importance of self-care • Provide the resources necessary to facilitate self-care
Awareness	• Understand condition • Know limits in the management of condition • Understand person specific care	• Appreciate each MDT role • Understand role boundaries • Work collaboratively	• Understand gaps in service • Promote positivity • Work towards providing sustainable resolutions
Practice	• Able to share experiences with others? • Willing and able to adapt to change?	• Appropriate leadership • Able to share best practices with others as a means of continuous improvement?	• Facilitate personal development and training for workforce? • Invest in staff, improvements and growth?
Self	• Able to help self? • Willing to help self? • Personal / professional barriers to self-care? • Attitudes vs behaviours.	• Sharing of workloads? Understanding of limitations of MDT. • Reflect on improvements and barriers to deliver goals?	• Culture – listens to needs of individuals and communities • Communicates priorities and guidance. • Consistent messages.

As an observation, it could be argued that the extent to which care providers are able to successfully promote self-care and empower patients to take on more responsibility for their own health is directly linked to the degree to which the individual practitioner, the local healthcare team and the organisation are able to accomplish the expectations of each of the above areas.

Supportive Networks

In partnership with other local and multi-disciplinary teams (MDTs) care providers have vital opportunities to support patients to improve their quality of life beyond the walls of the hospital or general practice. Supportive and cooperative working facilitates the distribution of workloads, encourages the sharing of best practices and promotes a culture of organisational resilience and improvements in local service delivery[16].

A larger pool of services and resources enables better knowledge transfer and the opportunity to disseminate information across sectors, services and locations quickly and efficiently. This gives the patient improved accessibility and availability to health services by offering more choices. Building supportive networks collaboratively provides a safe, reliable and sustainable framework both for the patient and healthcare workers. Furthermore, it also provides significant benefits for the local community by building of stronger links and nurturing quality of life and a work-life balance for all society members [17].

With increasing workloads in healthcare, the importance of team, organisational and environmental resilience should not be underestimated. Caring for each other and those within the team itself promotes strength and a good work life balance for practitioners, and ensures that they feel valued and maintain a sense of self; therefore demonstrating the very benefits of self-caring and self-management to the people they care for.

Alongside organisational pressures and team dynamics, it is vital for practitioners to have the self-awareness to identify and understand these challenges and to be able to work in a safe and compassionate environment. Emotional intelligence and mindfulness (increased awareness of the here and now), together with self-awareness, good support networks and work-life balance encompasses what is referred to as individual emotional resilience[18] and is seen as a must-have in current practice which will not only 'benefit the professional, the healthcare team, and the wider organisation but, most importantly, has the potential to improve patient safety'[19].

Conclusion

There is little doubt that there is a growing need for patients to take more responsibility for their own care. However, patients can only ever be as independent, self-caring and self-managing as the care providers on which they rely on. In turn, a resilient NHS will only ever be as robust as the individuals which maintain and support it. Health services must encompass and provide for the needs of the very workforce used to support these initiatives and consequently, the appropriate foundations for practitioners must be in place before self-management and care in health and illness can be a viable, lasting and sustainable option for patients.

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