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

Mr X: "So I can manage my diabetes myself?"

HCP: "Yes: you can. Remember, you can always access support – if needed – and we will keep a close eye on things too."

Mr X: "Thank you. Keeping my independence is very important to me. Sorry for having been a burden."

HCP: "Not at all! It makes the job worthwhile when we can help patients and to be able to keep them independent."

We have all probably seen – or been involved in – patient consultations like the one above and never stopped to think about the impact of self-management on patients and healthcare providers (HCPs). This is despite self-management being one of the most important aspects of patient care, especially as approximately 85% of patients self-manage their condition(s)[1,2]. Self-management is likely to become even more significant in a healthcare system treating an aging population with complex, multimorbid patients[2] and is, therefore, of even greater importance to healthcare professionals.

Impacts on the Patient

Self-management has been shown to improve control of patient's symptoms in multiple conditions[3], ranging from diabetes mellitus[4] to cancer[5]. Self-management also has a positive effect on patients' quality of life and functioning in both community and inpatient settings[6]. These improvements are observed in uncomplicated patients[7,8] as well as complex, multimorbid patients[9,10]. Depression and the psychological impacts of illness are minimised by self-management (through maintaining independence) which can improve patients' mental health[9,10], further improving their quality of life. Compliance with treatments[11-13] and engagement in lifestyle changes[14,15] can be enhanced by maintaining and improving self-efficacy through self-management. Improved control of the pathology by self-care improves patient outcomes and decreases mortality, as well as helping prevent emergency hospital admissions[16-18].

Determinants of HCP Resilience

Jensen and colleagues (2008) report that the resilience of physicians is determined by four broad categories of influences[19-20]: management style; attitudes and perspectives; balance & prioritization and supportive relations. According to Zwack and Schweitzer (2013), respecting and appreciating patients as well as their knowledge and skills being challenged by their job play a huge role in enhancing HCP resilience[20]. They also demonstrated that appreciating small achievements helps improve resilience and decreases 'burnout'[20].

HCP Management Style

It may seem bizarre to look at the HCP's management style when investigating patient self-management, but take Mr X as an example: he may be a candidate to self-manage his diabetes by monitoring his blood glucose and taking insulin injections. However, a self-management plan must be established by cooperation between the patient and HCP before this is feasible. Discussion would have to involve: how often to check blood glucose levels; what to do when they are abnormal; how to inject the insulin; when to inject the insulin; where to inject the insulin; recognising diabetic emergencies; what to do in an emergency et cetera. The answers to such questions and creation of the self-management plan are grossly influenced by the HCP's management style. Furthermore, the management style must be adapted for patients (for example, if Mr X was illiterate) and needs changing as the patient's condition(s) changes; this further challenges the HCP's skills and knowledge, which in turn improve their resilience and morale[21].

Attitudes and Perspectives

HCP's attitudes and perspectives can positively affect their resilience. Jensen (2008) shows that this is influenced by multiple factors, including having an interest in patients and valuing their role[20].

Attitude is influenced substantially by the HCP's appreciation of their role in patient care and appreciation of the "person behind the symptoms". Witnessing patients being able to independently manage their condition(s) and the subsequent improvements in their quality of life helps improve the morale of HCPs and, therefore, enhances their resilience[3]. HCPs also perceive supporting self-management as a form of altruism, which further improves the value of their role and morale. Self-management is perceived as being beneficial to the patient by HCPs and, therefore, helps HCPs appreciate their own contributions (physical, psychological and social) to patient care[22].

The HCP's interest in supporting a patient to self-manage their condition(s) also helps improve the HCP's resilience. Having their opinions appreciated and put into practice when overseeing a complex patient's self-management improves job satisfaction and makes the HCP feel valued, which in turn promotes resilience[21]. The challenges to knowledge and skills created when allowing a patient to self-manage also improve job satisfaction and allow the HCP to appreciate their contributions to a patient's care and quality of life[21].

Balance and Prioritisation

This determinant of HCP resilience is influenced primarily by setting and accepting limits[20], whether they are competency-related, time, resources, or personal. Self-management helps to limit the contact time between HCPs and patients; thus, decreasing the stress on the HCP and decreasing the responsibility HCPs feel they have towards their patient. Furthermore, by limiting contact time, the HCP's time and skills can be made available to other patients (who may need the HCP's support to a greater degree than a patient who can self-manage); therefore, this improves the quality of care for not only the self-managing patient, but also other patients under the care of the HCP. The literature shows setting limits on time with patients not only increases resilience, but also prevents and alleviates 'burnout'[20,23].

Limitations must be appreciated and accepted by HCPs (and patients) to allow self-management to be implemented correctly and safely. Take Mr X: a HCP wishfully thinking of allowing him to self-monitor his blood glucose while he is unable to do so (for instance, due to lack of teaching) will not only result in jeopardised patient care, but also cause an insult to the HCP's resilience when their unrealistic plans do not pan out. Therefore, for self-management to boost confidence and morale – which in turn improves HCP resilience – it is imperative that it is used holistically and with care.

Supportive Relations

The HCP's relationships with colleagues and patients influence the HCP's resilience. Interactions with colleagues (for example: when preparing the multi-disciplinary team for supporting a self-managing patient) allow the HCP to develop their plans, voice their opinions, and influence the patient's self-management. These result in the HCP gaining professional security and confidence, which in turn provide resilience[23].

Accomplishment

Giving a patient the ability to self-manage is a colossal achievement, which can often go unnoticed due to the stresses of working as a HCP. An achievement in its own right is the ability to get patients who may be reluctant or scared of self-managing to develop a plan and follow it. Zwack (2013) emphasises the importance of appreciating and savouring achievements that occur daily, to improve the HCP's mindset and decrease the likelihood of 'burnout', further enhancing resilience[20].

Responsibility

Self-management is evidently a method of allowing patients to take more responsibility for their own healthcare and, hence, will be of much relevance in the future with an ageing, multimorbid population.

The majority of patients self-manage their condition(s). However, some patients may struggle to self-manage certain aspects of their health (such as obese patients self-managing their weight[24]). It is therefore of great significance that HCPs do not simply aim to get patients to self-manage: HCPs must ensure that patients receive support as and when required. It has been shown that self-management support plays a significant role in improving patient outcomes and quality of life in multiple conditions, such as diabetes mellitus[25]; therefore, it is of great importance that patients are supported throughout the self-management process.

HCPs must support the patient in order to avoid damage by neglecting to meet the patient's needs and wishes. HCPs also must re-assess the patient's care after they commence self-management (for example, altering Mr X's plan should his glucose control become impaired after starting self-management).

Mr X

Mr X – and other patients like him – can benefit from self-management through improved quality of life and increased independence. Mr X would also benefit from self-care through improved mental health and improved outcomes. It is important to note that self-management has a role to play in management of 'simple' and multimorbid patients, in both community and inpatient settings.

Facilitating self-management allows the HCP to value their role, feel a sense of accomplishment and be challenged to provide holistic care while allowing Mr X to take on more responsibility for his care. These in turn increase the HCP's resilience and encourage positive engagement with patients and colleagues. HCPs must remain constantly vigilant for any changes to Mr X's condition and be responsible for adapting their self-management plan to provide holistic care to Mr X.

Ultimately, each HCP will be influenced differently by self-management. Personally, seeing improvements in a patient's health and quality of life greatly enhance my resilience and motivation; as does a patient saying the often underappreciated but uplifting words: "thank you".

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Author

Sarjit Singh
The University of Glasgow
Medicine – MB ChB year 2
2019900s@student.gla.ac.uk