

# Patient self-care and healthcare provider resilience: opportunities for synergy

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## Background

In the United Kingdom today there is an increasing move towards self-care as both (1) a desirable model of care in its own right and (2) a partial solution to several threats to the sustainability of our current healthcare system. A contemporaneous, but largely separate, movement is the growing interest in the resilience of care providers, and how this quality may be augmented. These two movements share significant common ground, and this poster outlines their potential for synergy.

## Self-Care

**The actions people take to stay fit and maintain good health<sup>1</sup>**

### Self-care is important for 4 reasons:

1. Professional services face increasing demand and decreasing resources, limiting their capacity.<sup>2</sup>
2. It imparts specific benefits to patient, care provider, or both.<sup>3,4</sup>
3. It has strong political support on the grounds of efficacy and economy.<sup>5</sup>
4. There is a parallel wider cultural shift away from medical paternalism, towards patient autonomy.<sup>6</sup>

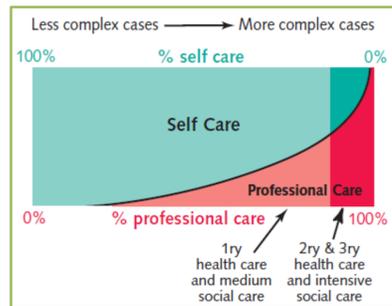


Fig. 1: healthcare as a spectrum, from self- to professionally-delivered care<sup>1</sup>

### Self-care entails a significant change in patient-professional relations:

The widespread adoption of self-care would entail a significant shift on the spectrum of care. The current hierarchical, professionally-delivered system would shift towards that of a collaborative partnership.<sup>7</sup>

### The potential impact on healthcare professionals has been neglected:

In a Cochrane systematic review of 30 trials of self-management interventions, *not one* considered the views of the health professionals involved in the intervention as an outcome.<sup>8</sup>

**It is important that more attention be paid to the impacts (positive and negative) of self-care on healthcare professionals**

## Resilience

**The ability to adapt successfully in the face of stress and adversity<sup>9</sup>**

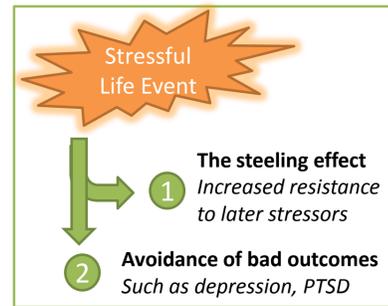


Fig. 2: the characteristics of resilience<sup>10</sup>

### Resilience research has two 'streams':

1. The psychological, concerned with individual cognitive processes, personality traits, and the epidemiological characteristics of resilient individuals.
2. The physiological, concerned with the neuroendocrine, genetic and epigenetic correlates of the 'resilience phenotype'.

Both these lines of investigation seek to establish how an individual comes to display the characteristics of resilience.

### Resilience is an important characteristic in the healthcare workplace:

The healthcare workplace can be an extremely stressful environment and the resilience of healthcare workers is therefore important. Much of the current literature focuses upon stressors faced by nursing staff. Excessive patient loads and the lack of time to care for needy patients are frequently cited as major causes of stress<sup>11</sup>.

### Measures to reduce the stress of healthcare workers are essential:

It is likely that the unique stresses of healthcare contribute to the very high incidence of stress-related illness in the health and social care sector<sup>12</sup>. The concept of resilience is both a means to understanding this problem and a possible solution to it.

**The challenge for resilience research is to apply our knowledge, developing interventions which increase resilience**

## Opportunity

Healthcare professionals must have specific skills to support self-care. There is overlap between these skills and some behaviours which confer resilience. Therefore the need to train healthcare professionals in self-care is also an opportunity to enhance their resilience.

Developing emotional insight	Maintaining positivity	Becoming more reflexive	Developing strong social networks
Understanding how people think and feel about their condition	Motivating people to adopt healthy behaviours	Recognising opportunities to support self-care	Supporting peer-education programmes
Specifically tailoring information	Involving people in decision-making	Goal-setting and follow-up	Inter-professional working
	Self-care skills training		Public-professional partnerships

Table 1: correlates between strategies for enhancing individual resilience<sup>13</sup> (columns) and behaviours and skills needed to support self-care<sup>7</sup> (rows)

## Challenges and solutions

### A number of barriers must be overcome in order to take advantage of this opportunity

1. There is no precise universally agreed definition of 'resilience'. Usage tends to vary depending upon context. **A standardised definition is required.**
2. Measurement of resilience is difficult. Qualitative research, indirect outcomes (longevity, careers success) and quantitative scales are all employed. **Validation and standardisation are needed.**
3. Self-care interventions are not viewed favourably and given a low priority by many healthcare professionals<sup>14</sup>. **Widespread professional education about the value of self-care is necessary.**
4. Patient involvement in decision-making is fundamental to self-care, however this is not common practice in the UK<sup>15</sup>. **A sweeping change of much healthcare culture must take place.**

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