

## **SUPPORT FOR SELF CARE FOR PATIENTS WITH CHRONIC DISEASE**

**Anne Kennedy, Anne Rogers and Peter Bower**  
**BMJ 10 November 2007 Volume 335**

Support for self care is increasingly viewed as a core component of the management of long term conditions. However, despite the enthusiastic promotion of self care, randomised controlled trials often show modest benefits. We examine why current initiatives fail to deliver and suggest what needs to be done.

### **Potential benefits of self care**

Self care is defined as the actions individuals “take to lead a healthy lifestyle; to meet their social, emotional and psychological needs; to care for their long-term condition; and to prevent further illness or accidents.

All patients with chronic illness make decisions and engage in behaviours that affect their health (self management). Outcomes depend to a significant degree on the effectiveness of self-management.

Self care as an essential part of the “fully engaged” scenario, which it predicted would bring about the greatest gains in public health.

Designed to improve skills and confidence in the management of long term conditions and to improve quality of life, enhance interactions with health professionals, and reduce service use.

Teaching patients self care skills is unlikely to be sufficient for effective self care. “Self-management support can’t begin and end with a class. Effective support for self care requires two key changes in thinking:

A whole systems perspective that engages patient, practitioner, and service organisation.

Widening the evidence base to acknowledge recent research on the way in which patients and professionals respond to long term conditions.

### **Whole systems perspective**

The model envisages informed patients who receive support and guidance from trained practitioners working within a healthcare system geared up to be responsive to patients’ needs (figure 1). As an example, a study based on this model might include interventions at three levels.

Immediately after the intervention, patients felt more enabled to cope with their condition, and economic analyses favoured self management over standard care.

### **Taking the patient perspective into account**

Patients with long term conditions face a wide range of challenges, including medical crises, symptom control, and social isolation. People often experience long term

illness as a disruption to aspects of everyday life that have been previously taken for granted. Adaptation to this disruption requires coping (developing a sense of coherence in the face of the changes associated with their condition), which in turn depends on strategy (mobilising resources to minimise the impact of the condition) and style (the way in which people represent illness, such as becoming socially withdrawn or making the illness a central part of their identity).

The ways that patients manage their conditions vary according to their background, socioeconomic circumstances, personal experience of living with a long term condition, local context, and domestic and family arrangements. Although self management training can provide a range of skills, there is concern that they take insufficient account of patient variability.

### **Encouraging professionals to change**

It is often assumed that training is all that is required to increase professional engagement in self care. It is true that many professionals do not have strategies to support patient self care (such as motivational interviewing and cognitive behavioural strategies). Changing professional behaviour requires an understanding of the context in which they work and the values which they espouse. New ways of working are more likely to become routine when they enhance the smooth operation of patient-professional relationships and do not disrupt existing relationships of trust.

Self care raises tensions between patient autonomy and professional responsibility and the delivery of evidence based care. These tensions are reflected in professional concern about the need for monitoring of patients with long term conditions and for professional input into lay led courses.

### **How do services need to be organised differently?**

Patients' use of health care is often driven by services (for example, tests and routine monitoring), and patients develop patterns of use which reflect the way that services are routinely provided. Self care interventions that seek to change healthcare utilisation will need to acknowledge the ways in which traditional service delivery has moulded patient behaviour.

Enable a more integrated approach to the management of long term conditions, where the philosophy of self care is inherent in the design of services rather than being implemented in a context that is more suited to professionally led care. Changes to service structure to support self care must be designed to encourage patient confidence and will require health systems to develop a coherent vision of self care support and the changed working practices required.

Support for self care clearly has the potential to improve the quality of care for people with long term conditions. All levels of the healthcare system could benefit from change to create the context in which self care can thrive.