



A Brief Overview of Self-Management Education Including its Origins, Objectives, and Results

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Information of Article

Article history:

Received: 11 Oct 2022

Revised: 12 Oct 2022

Accepted: 30 Oct 2022

Available online: 31 Oct 2022

Keywords:

Self-management

Management education

Self-management

effectiveness

ABSTRACT

The phrase "self-management" has recently gained popularity as a means of referring to behavioural therapies and healthy practices. This is especially important to keep in mind while dealing with the treatment of chronic diseases. This article provides a concise overview of the development of self-management. It presents three self-management tasks, including medical therapy, role managerial staff, and emotional management, as well as six different self-management skills, including solving problems, strategic planning, resource usage, forming a client collaboration, decision making, and self-tailoring. In addition, the article provides evidence of the efficacy of self-management treatments and proposes a potential mechanism, personality, through which these initiatives work. The article concludes that further research is warranted to investigate the relationship between self-efficacy and health outcomes. In conclusion, this paper explores various issues and potential answers pertaining to the incorporation of self-management education into conventional healthcare systems.

1. Introduction

The word "self-management" is becoming increasingly widespread in the health education field. It is also the name given to many initiatives geared toward public health and patient education. This article's goals are to (a) define or implement self-management in addition to describing some of the work that underpins this definition; (b) explore the proof that self-management initiatives can improve behaviours, overall health, and treatment adherence; (c) investigate self-efficacy, some of the probable processes by which self-management accomplishes the mentioned results previously; and (d) explain whether self-management could be incorporated into medical systems.

One of the earliest usages of the word self-management was found in a book by Thomas that focused on restoring children who suffered from chronic illnesses. The term has been associated with the pediatric asthma program he and his associates have been running since the middle of the 1960s. They acknowledge that the early works of Albert Bandura were a major influence on their work (Gimigliano et al., 2022). According to Thomas and his colleagues, the word "self-management" was chosen since it suggested that the person was an active partner in the treatment (Creer, Ipacs, & Creer, 1983; Creer, Renne, & Christian, 1976). Since then, the phrase has seen widespread usage, most frequently when discussing patient education programs for people living with chronic diseases; yet, it has not been adequately understood or defined. In the following part, we will present one conception along these lines.

Individuals are responsible for managing their health conditions, whether participating in a health-promoting activity such as fitness or living with a chronic illness such as asthma. Gregory Bateson once observed, "one cannot communicate," and we must agree with him. The same can be said of healthy behaviours and the management of diseases. One is unable to manage. A person's approach to disease management can be inferred from decisions such as whether or not they choose to engage in healthy behaviours or take an active role in disease management. It is impossible not to manage one's health unless one is entirely ignorant of actions that are beneficial to one's health. The only thing that matters is how one deals with it. The problem of self-management is significant for those with chronic diseases because only the individual can be accountable for one's day-to-day treatment for the duration of the illness. This makes the topic of self-management very crucial. Self-management is an ongoing challenge for the vast majority of these individuals.

This paper is organised in the following format: Section 2 discusses activities that need to be handled independently. Section 3 focuses on the issue that lies at the centre of self-management. Section 4 provides an answer to the question: How exactly do the effects of self-management come about? Section 5 is dedicated to conclusions and summaries, including important concluding remarks for research directions.

2. Activities that Need to be Handled Independently

Researchers have always considered chronic illnesses as having a course of illness that swells and fades away due mainly to physiologic changes (Kang et al., 2020). However, recent studies have challenged this assumption. Comments indicate that patients' perceptions of their sickness constantly evolve (Benton et al., 2021). Researchers have suggested that people with a chronic illness may, at times, have wellness in the psychological foreground and, at other times, have the illness. These ever-changing points of view are attributable, in part, to the progressing and regressing stages of the disease, as well as to the influence of psychological variables. Within the framework of this paradigm, the goal of self-management is to assist patients in keeping their wellness in the foreground of their perspective (Stec & Arbour, 2020). This can be accomplished by focusing on three distinct sets of responsibilities.

The first group of responsibilities entails the medical care of the condition, which may include taking medication as prescribed, sticking to a specific diet, or using an inhaler. The second group of responsibilities entails sustaining, modifying, and developing brand-new important life roles or behaviours. People who suffer from back discomfort may, for instance, require alterations to how they garden or participate in their favourite activities (Lim et al., 2019). It may involve doing less for someone who suffers from heart or lung disease, such as preparing just one meal for a family meal because other people are responsible for preparing the other dishes. Dealing with the emotional fallout of living with a chronic ailment, which distorts one's perspective of the future, is the final work that needs to be completed. It is not uncommon for a person with a chronic illness to experience negative emotions such as worry, frustration, and sadness. As a result, knowing how to deal with these feelings is an integral part of the work required to manage the condition effectively.

3. The Issue Lies at the Centre of Self-Management.

Patients' perspectives on their diseases are self-management programmes that need to be focused on the difficulties that patients feel they have. For instance, traditional education programs for arthritis emphasise preventing disability and finding effective ways to manage existing impairments (McKinley, Showalter, Crofoot, & Stone, 2022). However, the primary worry of those who have arthritis is pain. Because of this, the primary objective of arthritis self-management courses is pain control. This does not imply that individuals with disabilities are not taught to manage their conditions. Instead, instruction is provided within the framework of pain control. For instance, tight or weak muscles are one of the factors that might contribute to a person's experience of pain. Exercising these muscles will both strengthen them and relax them, which will ultimately result in reduced discomfort (Titman, Radley, & Gray, 2019).

Since patient worries and issues are the primary focus of self-management education, a comprehensive needs assessment is required to be performed for each new subject and group of clients (Uritani, Koda, & Sugita, 2021). There will always be disparities across groups and even between people, despite the fact that numerous issues are common across many illnesses, habits, and communities. For instance, during our time spent working with a Spanish-speaking inhabitant, we discovered that many individuals have the perception that their doctor is neglecting them or that they are being provided with substandard care when they have a brief visit with their primary care physician and are subsequently referred to a professional nurse, physical therapist, or counsellor. This was in contrast to the experiences in their home countries, where most of them had only visited a single physician who could devote more time to each consultation. In addition, most persons working in the health profession in their country of origin tended to have lower levels of education and health-related expertise than in the United States. After coming across this information, we decided to include in the self-management programs that we developed for the Spanish-speaking population a segment in which we discuss the education, duties, and responsibilities of various healthcare providers in the United States. We also brought to their attention the possibility that the overall amount of time spent with medical experts would be comparable to what it would be in their native country.

4. How Exactly do the Effects of Self-Management Come About?

It is not entirely apparent what the response should be to this question. We have some compelling proposals. In the past, health education and promotion initiatives have functioned with the presumption that individuals should modify their behaviours to experience improvements in their health status. This presumption is based on the findings of epidemiological research, which show a correlation between unhealthy habits like smoking, inactivity, and poor food and future health issues. Altering these habits will almost certainly affect one's future health, but it is possible that this presumption may not hold for persons who are currently coping with chronic diseases (Boucher et al., 2022; Kim, Radhakrishnan, Heitkemper, Choi, & Burgermaster, 2021).

Our early investigations on arthritis were mostly theoretical in nature. We assumed that behavioural changes would be linked to corresponding shifts in health status. To our great surprise, we discovered that the relationships between increases in healthy habits and improvements in overall health status were minimal at best (Bohanec et al., 2021). Participants in a subjective study performed to find a reason for the changes in their health status recommended that they

felt the initiative's effect was due to their sensation of more indirect authority over their illness. This was done to discover a clarification for the changes in their health status. To operationalise the idea of control, we looked at several theories before settling on the self-efficacy theory as the foundation for future study (Bourne, Smeltzer, & Kelly, 2021). According to one interpretation of this idea, 'perceived self-efficacy relates to beliefs in one's capacity to plan and execute the sequences of activities necessary to generate specific attainments. To determine a person's level of self-efficacy, it is common practice to inquire "how confident they are" or "how convinced they are" that they can, given a certain set of circumstances, accomplish a particular collection of actions or physiological states. For instance, "how positive are users that you can lessen the level of pain that you are experiencing without taking any further medication?"

The next step was to investigate this prediction to see whether or not a difference in self was related to shifts in health status. Early in our research, we came across data that lent credence to this notion. Both initial levels of self-efficacy and subsequent changes in levels of self-efficacy have been demonstrated to be connected with future medical status in our more recent research. Therefore, it would indicate that an increased sense of self-efficacy is, at minimum, one of the processes responsible for the changes in health status seen by people who attend self-management programs. In addition, a large number of additional researches support the notion that self-efficacy, as well as changes in self-efficacy, are linked with shifts in health behaviour and overall status. These kinds of discoveries have significant repercussions for the development of future initiatives. Enhancing one's sense of self-efficacy ought to be regarded as one of the most important aspects of the program, and the instructional procedures ought to be designed in such a way as to incorporate all four of the elements that go into efficacy enhancement: performance brilliance, modelling, perception of illnesses, and social persuasion. The following are some specific instances of how each of these efficacy-enhancing factors are included in the self-management courses.

Changing people's behaviours requires active participation from those who want to improve their skills or take action. When someone is in the middle of doing something, it is extremely difficult for them to make the case that they cannot perform that activity. Action planning is essential for achieving mastery of skills in each of our classes. Each week, the participants are assigned to develop a detailed plan outlining an activity they wish to complete in the following week. It is essential to be quite precise, such as stating that a person will work out and that one will go for a stroll of two blocks before lunch on Mondays and Thursdays. After the plan has been created, we go around to each person and ask them how confident they are that they will carry it through, using a scale that ranges from 10 (extremely sure) to 1. If the answer is fewer than seven, we will use several problem-solving strategies to modify or adjust the system. The following week, everyone reports on how well their efforts were received. If issues were encountered, the process of problem resolution was repeated.

There are a few different approaches to use while modelling. To begin, all of the written and video materials should accurately portray the target audience for whom they were created. Therefore, the sketches, images, and performers must depict a wide range of body shapes, ages, and races, in addition to both sexes. We have been advised several times that people do not like comedic characters in the focus groups that we have conducted with persons with chronic diseases. They have stated that having a chronic ailment is not humorous, and adults do not like to be handled as if they are children.

In addition to this, modelling may be achieved by having peers instruct self-management programs. According to the findings of a number of studies, when peers are properly educated and provided with a comprehensive curriculum, they can educate patients at minimum as well as medical experts and probably more effectively. At long last, individuals can serve as examples for one another. When a patient in a group setting has a problem, the group leader may ask the other group members for their input on how to best help the patient before providing any of their ideas. People who have just been diagnosed with a condition or are considering trying a new therapy may benefit from speaking to someone with previous experience dealing with the sickness or treatment in question.

The purpose of helping patients develop alternate reasons for their problems via the use of reinterpretation of physiologic signs. When individuals are provided with alternate explanations as to the cause, they are also provided with reasons to attempt new behaviours related to self-management. For this reason, symptoms should have numerous reasons stated when asked about them. This results in a variety of approaches that may be taken to manage the condition. For instance, exhaustion may be brought on by conditions such as illness, improper diet, a low level of personal exercise, anxiety, depression, drugs, or interactions between medications. When considered in this manner, exercise, which is often thought of as being counter-indicated for those who suffer from tiredness, emerges as a rational approach for treating fatigue.

In conclusion, perceived behavioural control is a great tool for improving one's belief in their ability to succeed. You are now more likely to engage in a behaviour or refrain from engaging in behaviour if individuals around you are engaging in the activity or not engaging in the behavior respectively. One reason for this is that when smoking may not be the norm among youth, there is less chance that an individual would start smoking themselves. Suppose most participants in a self-management class engage in some kind of physical activity and enjoy the benefits of doing so. In that case, the remaining participants in the classroom are more likely to join forces and try the same thing. This is just one of the reasons why the

combination of education and support provided in a group setting often successfully changes behaviour. Alcoholics Anonymous is a fantastic illustration of how perceived behavioural control can effectively overcome a challenging and catastrophic addiction. The program was founded in 1935.

5. Conclusion

We have tried to provide definitions and substance for the phrase "self-management" throughout this page. We have provided examples of successful programs and suggestions for how to implement self-management in operational settings. In addition, we have investigated the self-efficacy mechanism, one of the potential factors contributing to the success of self-management. With this context and depth, it is possible that self-management systems that are already in existence and that are successful may be broadcast to a wider audience and that more programs that have all of the fundamental components of self-management can be established. In conclusion, we've gone through several strategies for incorporating self-management into the healthcare systems that are already in place. The purpose of the discussion that is included in this article is to serve as a starting point toward clarifying self-management as well as its function in the delivery of health care to persons who have chronic diseases.

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