

Review

Self, self-care and self-management concepts: implications for self-management education

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Principles imply fundamental truths upon which rest knowledge, learning, and teaching. Knowledge and principles are memorialized by and disseminated through words. The denotative word meanings must be agreed upon in order that principles and knowledge can be formally written and spoken so that, the structure of scientific information can be built. The terms self-concept, self-care, self-management are significant in that they are foundational stones in the structure of self-management education. To illustrate some of the confusion related to them, randomly selected definitions from literature are presented for the sake of delineation. The purpose of this paper is to examine the concepts: self, self-care and self-management; an attempt to reach a better understanding of the interplay between these concepts in the self-management education process.

Keywords: Self, self-care, self-management, education.

INTRODUCTION

What we remember, how we remember it, and the sense we make of our experience are each importantly shaped by our self-concept (Oyserman, 2001). That self is both stable and mutable is in fact necessary to self-care, self-management and self-improvement. It will be appropriate to define some of the terms for better understanding. A concept is a term that abstractly describes an object or a phenomenon, thus providing it with a separate identity or meaning (Burns and Grove, 2009). 'Self' is the sole motivational construct in self-management education programmes. The self is described as: the organized, consistent, conceptual entity composed of perceptions of the characteristics of "I" or "me" and the perception of the relationships of the "I" or "me" to others and to various aspects of life, together with the value attached to these perceptions (Rogers, 1959: 200). The self develops through interactions with others and involves awareness of being and functioning. A distinctly psychological form of the actualizing tendency related to this "self" is the "self-actualizing tendency". It involves the actualization of that portion of experience symbolized in the self

(Rogers, 1959). Connected to the development of the self-concept and self-actualization are the "need for positive regard from others" and "the need for positive self-regard" an internalized version of the previous (Maddi, 1996).

Review of literature

Self-concept and identity

Self-concept and identity provide answers to the basic questions "Who am I?", "Where do I belong?", and "How do I fit (or fit in)?" "Improving oneself, knowing oneself, discovering oneself, creating oneself anew, expressing oneself, taking charge of one's self, being happy with oneself, being ashamed of oneself, are all essential self-projects, central to our understanding of what self-concept and identity are and how they work" (Oyserman, 2001). The self-concept is the seat of basic effectance and competency drives, reflecting an innate need to become effective, more competent over time (Maslow, 1954). In addition to its self-promotive functions, the self-concept also provides and maintains a cognitive anchor, a consistent yardstick, or way of making sense of who one is and therefore what to

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expect of the self and others.

Self-care concept

Definitions of self-care are wide-ranging. It refers to individual responsibilities for healthy lifestyle behaviours required for human development and functioning as well as those activities required coping with health conditions. According to Orem (1995), self-care is behaviour initiated or performed by individuals on their own to behalf to safe life and promote health. Self-care suggests that individuals use their resources, including personal attributes such as knowledge, skills, positive attitudes, determination, courage, and optimism, to improve poor health (Akinsola, 2001). Self-care includes the actions individuals and carers take for themselves, their children and their families to stay fit and maintain good physical and mental health; meet social and psychological needs; prevent illness or accidents; care for minor ailments and long-term conditions, and maintain health and well-being after an acute illness or discharge from hospital (UK Department of Health, 2006). Positive self-care behaviours includes: lifestyle (diet and exercise); managing therapy (concordance); using services affectively; and being able to understand symptoms and problems and responding to them appropriately (Forbes and While, 2009). "Self-care agency is the capability to perform self-care activities. Measures necessary to promote and maintain health comprise the therapeutic self-care demand which, when exceeds self-care agency results in self-care deficits" (Richard and Shea, 2011: 256).

Self-management concept

Self-management means different things in different fields, in business, education, and psychology, self-management refers to methods, skills, and strategies by which individuals can effectively direct their own activities toward the achievement of objectives, and includes goal setting, decision making, focusing, planning, scheduling, task tracking, self-evaluation, self-intervention, self-development. In the field of computer science, self-management refers to the process by which pre-programmed computer systems will (one day) manage their own operation without human intervention. Self-management may also refer to a form of workplace decision-making in which the employees themselves agree on choices (for issues like customer care, general production methods, scheduling, division of labour) instead of the supervisor telling workers what to do, how to do it and where to do it, in the traditional way.

The concept of self-management is understood both as an educative process and an outcome. As an educative process, self-management programmes include: participation in education designed to bring

about specific outcomes; preparation of individuals to manage their health conditions on a day-to-day basis; the practice of specific behaviour; and the development of skills and abilities needed to reduce the physical and emotional impact of illness, with or without the collaboration of the healthcare team (McGowan, 2005).

In health care, self-management refers to the individual's ability to manage the symptoms, treatment, physical and psychosocial consequences and the lifestyle changes inherent in living with a chronic condition (Barlow et al., 2002). Efficacious self-management encompasses ability to monitor one's condition and to achieve the cognitive, behavioural and emotional responses necessary to maintain a satisfactory quality of life. Self-management is well known in the field of health and social care, the term is linked with models of coping with adversity through self-help, self-reliance, and family and community reliance (Newbould et al., 2006). The emergence and development of self-management programmes can be attributed to:

- 1 The growth of policy-makers' interest in self-care and lay-led self-management approaches to living with chronic illness.
- 2 The increasing numbers of people seeking to control their own approaches to living with illness with or without the help of medical practitioners and other professionals.
- 3 An increase in awareness of the need to address chronic illnesses, and employ self-management and other approaches to minimize the distress and other cost that they impose.
- 4 The belief that promoting self-management and helping individuals to manage potentially disabling conditions better may well have the potential to help them enhance their quality of life.
- 5 The process of demographic and epidemiological transition, along with the emergence of new attitudes towards health care delivery, which have been the main drivers of self-management in health care.

Delineation of self-care and self-management concepts

While self-care and self-management concepts have been discussed in detail in literature, the differences between and relationships among the concepts are not clear (Richard and Shea, 2011). According to Richard and Shea (2011), self-care involves both the ability to care for oneself and the performance of activities necessary to achieve, maintain, or promote optimal health. It may be viewed as a continuum ranging from complete independence in managing health to complete reliance on medical care (Wilkinson and Whitehead, 2009). It should be noted that: self-care is situation and culturally influenced; involves the ability to make decisions and perform actions directly under the control of the individual; and is influenced by a variety of

individual characteristics (Gantz, 1990). It is also good to note that the concept of self-care underpins many nursing interventions, particularly those supportive and educative activities intended to promote the ability of individuals or families to assume responsibility for an individual's healthcare needs (Cebeci and Senol, 2008; Sidani, 2011). Self-management is the ability of the individual, in conjunction with family, community and healthcare professionals to manage symptoms, treatments, lifestyle changes and psychosocial, cultural, and spiritual consequences of chronic diseases (Wilkinson and Whitehead, 2009), an ability and process that individuals use in conscious attempts to gain control of his or her disease, rather than being controlled by it (Thorne et al., 2003). There is consensus among scholars that the term self-management can apply to health promotion activities as well as to those related to acute or chronic illness (Wagner et al., 2002; Lorig and Holman, 2003; Jerant et al., 2005; Wilde and Garvin, 2007). It is different from disease-management which is not under the individual patient's control but refers healthcare systems that are put in place to facilitate healthcare provider's ability to manage a patient's chronic illness (Wagner, 2000). The process of self-management includes monitoring perceived health and implementing strategies to manage treatments and medications, safety, symptoms, and other implications of chronic disease (Thorne et al., 2003).

Self-management education

Self-management education aims at helping patients to maintain, mainly by their own efforts, the best possible health. This is done by concentrating on three sets of tasks, as delineated by Corbin and Strauss (1988). According to Corbin and Strauss, the first task involves the medical management and includes taking medication, adhering to a special diet, or using an inhaler. The second set of tasks involves maintaining, changing, and creating new meaningful behaviour of lifestyles. The final task requires one to deal with the emotional sequelae of having a chronic condition, which alters one's view of the future. Emotions such as anger, fear, frustration, and depressions are commonly experienced by someone with a chronic disease; learning to manage these conditions therefore becomes part of the work required to manage the condition. Self-management education, according to Corbin and Strauss (1988), must include content that addresses all three tasks: medical and behavioural management, lifestyle management and emotional management. Although most health promotion and health education programmes deal with the medical and behavioural management, most do not systematically deal with all three tasks.

For self-management education to focus on patient concerns and problems, a detailed needs assessment must be done for each new topic and group of patients. Lorig and Holman (2003) have identified five core self-management skills: problem solving, decision making, resource utilization, formation of a patient/health care provider partnership, and taking action. People living with chronic conditions must be taught basic problem solving skills. These include problem definition, generation of possible solutions, including the solicitation of suggestions from friends and health care professionals, solution implementation and evaluation of results. A second self-management skill is decision making. Persons with chronic illness must make day-to-day decisions in response to changes in disease condition. To do this they must have the knowledge necessary to respond to common changes. Decision-making is based on having sufficient appropriate information. The understanding of the self which will allow for appropriate decision making is central to self-management education. A third self-management core skill is the finding and utilization of resources. Self-management education includes teaching people how to use resources and helping them to seek these from different sources. For best results, it is important to contact several potential resources at the same time as if casting a net widely for information. This skill is basic but often overlooked in traditional health promotion and patient education programmes. The fourth self-management skill is helping people to form partnerships with health care providers. The patient must be able to report accurately the trends and tempo of the disease, make informed choices about treatment, and discuss these with the health care provider. Self-management training prepares people with chronic illness to undertake these tasks.

Self-management education utilizes a patient-centred approach and operates through empowerment. The patient-centred approach focuses on the inherent growth principle and the major attitudinal conditions. It calls for self-awareness, reflective listening, empathy and development of communication skills by clinicians (Mead and Bower, 2000; Epstein et al., 2005). It includes exploring the social and psychological aspects of the patient's health status; understanding the personal meaning of illness for patients by eliciting their concerns, ideas, expectations, needs, feelings and functioning; promoting the understanding of patients within their unique psychosocial context; sharing power and responsibility, and developing common therapeutic goals that are concordant with patient's values (Drach-Zahavy, 2009). The central hypothesis of this approach is that the individual has within him or her vast resources for self understanding, for altering his or her self-concept, attitudes, and self-directed behaviour. These resources can be tapped if a definable climate of facilitative psychological attitudes can be provided

(Barbara, 1986).

CONCLUSION

Self-management education give further insight into one's being, one's own life's purpose, and one's position in life. These three, help one locate oneself (even in the middle of environmental chaos and personal mental conflicts); promote acceptance of one's situation; open doors to personal clarity; and add supports to one's self-meaning leading to development of self-care and self-management traits that promotes self-healing.

Implications for self-management education

Self-management should promote self-understanding and self-development for the participants, and there should be a movement towards being empowered. This can be achieved through transformative learning within a supportive and enabling environment. The main task of the self-management educator is to recruit learners to understand and identify with the kind of discourse rules and paradigms of understanding that are most appropriate for self-management education, such as regular attendance, commitment, no outside contact, free and open communication among others when in a group.

It is crucial for the discourse of self-understanding and self-development to pay due attention to basic needs of the self, empathy, the significance of self-object functions, the repetitive and self-object transferences, and self-object failures. During self-management education learners gradually learn aspects of the language of self understanding to appreciate self-object functions from other learners (and the educator) and to identify and manage their own experiences of self-object failures. Karterud and Stone (2003) contend that when people feel strengthened after a group session, this is partly due to participating in a kind of discourse, rich in cognitive and affective perspectives and nuances, that the individual is unable to perform for himself. They concluded that the conversation which enables the individual to understand more fully intra-psychic, interpersonal and group events is not attributable to specific individuals but a supra-individual discourse event.

The self-management educator considered the developments and interactions that are necessary for learners to feel that belonging to the group will be emotionally satisfying, will help them feel that they belong to a worthwhile enterprise, that they will feel more powerful, more complete, more able to pursue their personal goals and stand-up for their ideals. Learners are expected to orient themselves by obtaining information from the educator on what ways to make the experience useful which they hope will not

only reduce anxiety but provide direction.

Self understanding and self development requires an oscillation between deconstruction of defensive self structures and construction of authentic self structures by reactivation and working through of archaic self-object transferences. The self-management educator's main task is to guide participants through a phase of partial resolution of individual and collective submissiveness, to mobilize anger towards old and new authoritative figures to activate the striving for autonomy, to facilitate a fresh series of negotiations of the basic rules and grounding discourse rules, whereby the participants can properly say they 'own' the group which means that the group self is grounded in a collective project.

The self-management educator relinquishes his pastoral power (his accepted authoritative expertise) and assumes the status of a facilitator, to provide an enabling environment for people to go through a process of self-exploration, self-discovery and self-regulation being motivated by self-actualization tendency. Self-management educators seek to expand peoples' sense of self-interest to a wider sphere. People grow through these facilitation processes, and develop the self-management skills needed to perform self-management tasks. Within the confines of the self-management education process, people are encouraged to seek self-knowledge and share this with the facilitator. Consequently, people develop through a process of knowing the self to practice in taking care of oneself. Similarly, during self-management education, evolution of the self activated through self-reflection is prompted by the caring agent (the educator) who helps participants to consider their actions and beliefs in comparison to acknowledged or newly-unveiled discourses and associated truths.

The need for positive regard from others and positive self-regard is closely related to the way in which an individual evaluates himself/herself, and there is likely to be congruence between self and experience, with full psychological adjustment as a result (Rogers, 1959). When 'significant others' (partners, parents, close friends or relations) in the person's world provide positive regard, the person introjects the desired values, making them his or her own, and acquires "conditions of worth" (Rogers, 1965).

The human capacity for awareness and the ability to use symbols gives us enormous power, but this is a double-edged phenomenon: undistorted awareness can lead to full functioning and a rich life, while distortion in awareness can lead to maladjustment and destructive behaviour (Rogers, 1965). The individual's self-concept then becomes based on these standards of value rather than on evaluation. The need for positive self-regard leads to a selective perception of experience in terms of the conditions of worth that now exist. Experiences are perceived and symbolized accurately in awareness, while those that are not relevant are distorted or denied into awareness. Engagement in self-management prog-

rammes allows the participant to use self-reflexivity to discover, with the assistance of the facilitator, dominating discourses and power structures. By coming to know the self, and gaining an awareness of a set of rules of conduct, the participant can then redirect activities according to this newly-acquired knowledge. Evolution of self allows persons to adopt newly-discovered ways of being by acting on their own initiative in relation to the enabling environment.

Self-management education learners examine their own (and others) behaviour and beliefs against a set of pre-established norms. The learners undergo the process of evolution of self, and gain a new understanding of themselves. They may then use this knowledge to move towards a new way of being and gain functional autonomy, becoming fully functioning persons. This movement towards full function is the change process which the educator should be attempting to capture. Therefore, change emerges organically from the self-management education process and "effective emancipation is achieved through the process of stringent self-examination, exposure of dominating ideologies and the subsequent actions taken by participants themselves to move towards a new way of being (McCabe and Holmes, 2009).

In self-management education, people learn who they are and gain the collective power to determine the direction of their lives. Because human beings cannot be separated from their social and historical contexts, reality is not a static entity but a process of transformation. By engaging in acts of enlightenment and empowerment, human beings become liberated and therefore become more fully human. It should also be noted that people often experience enlightenment, empowerment, and emancipation as overlapping circles of insight and action that create and are the result of raised consciousness. Empowerment and potential emancipation depend on the relations of power in a particular context, and result from techniques employed by both teachers and learners during the self-management education research process (McCabe and Holmes, 2009). Emancipation involves the understanding of the environmental truths which influence people and requires individuals or groups to negotiate new modes of acting. The empowerment that results from awareness of the current set of truths and dominating power structures encourages people to undertake actions to improve their situation and move towards emancipation (Manias and Street, 2001).

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