What is self-management?

Self-management is what the person with a chronic disease does to manage their own illness, not what the health clinician does.

• It includes healthy lifestyle choices, informed decisions regarding ongoing treatment options that fit within the person’s broader social context, actively monitoring and managing symptoms and impacts of chronic health conditions and working in partnership with a team of health care workers.

• It requires lifelong choices, skills and strategies on the part of the individual for optimal management of their health condition in the long term.

Definitions of self-management

The Centre for Advancement of Health states that self-management:

‘… involves [(the person with the chronic disease)] engaging in activities that protect and promote health, monitoring and managing the symptoms and signs of illness, managing the impact of illness on functioning, emotions and interpersonal relationships and adhering to treatment regimes.’

(Centre for Advancement of Health, 1996)

Kate Lorig, one of the leading researchers in this area, adds that self-management is also about enabling:

… ‘participants to make informed choices, to adapt new perspectives and generic skills that can be applied to new problems as they arise, to practise new health behaviours, and to maintain or regain emotional stability’ (Kate Lorig et al, 1993)

The Chronic disease management guidelines for Primary Care Partnerships (PCPs) and community health services use the Flinders University definition—that self-management is:

The client (and family/carers as appropriate) working in partnership with their health care provider to:

• know their condition and various treatment options
• negotiate a plan of care
• engage in activities that protect and promote health
• monitor and manage the symptoms and signs of the condition(s)
• manage the impact of the condition on physical functioning, emotions and interpersonal relationships.

Self-management is the ability of the client to deal with all that a chronic disease entails, including symptoms, treatment, physical and social consequences, and lifestyle changes.

What is self-management support?

Self-management support is what health care practitioners provide to assist a person with their self-management practices, and to support their self efficacy and ability to effectively self-manage. Self management support:

• can be provided through a range of strategies and approaches—individual and group based, face-to-face or by phone, as part of clinical intervention and/or as a separate interaction with the person with a chronic disease

• includes not only provision of information, but also assistance in practical application of health information in the individual context through goal setting and problem solving

• is not just an intervention, it is a philosophy or entire approach to how a health care practitioners works in partnership with people with chronic diseases.
The definition endorsed by the Institute for Healthcare Improvement, and Improving Chronic Illness Care (of the Wagner Chronic Care Model) is:

“Self-management support is the assistance caregivers give to patients with chronic disease in order to encourage daily decisions that improve health-related behaviors and clinical outcomes. Self-management support may be viewed in two ways: as a portfolio of techniques and tools that help patients choose healthy behaviors; and as a fundamental transformation of the patient-caregiver relationship into a collaborative partnership... The purpose of self-management support is to aid and inspire patients to become informed about their conditions and take an active role in their treatment.”


**Essential characteristics of self-management support** are that it:

- respects choices and individual circumstances of the person with a chronic disease, but assists to address barriers to self-management
- involves goal setting and problem solving as key components
- is an ongoing collaborative process between the health care practitioner and person with a chronic disease; not something that is completed in a time-limited intervention.

Self-management is a lifelong practice for the individual and self-management support needs to be available when the person needs support in maintaining this approach.

**Why provide self-management support?**

There is a strong evidence base around self-management as a core component of integrated chronic disease management (ICDM).

Cochrane reviews on self-management strategies for COPD, diabetes and arthritis have demonstrated evidence of:

- decreased presentations to hospital
- improved clinical indicators (such as HBA1C)
- increased self-efficacy and wellbeing.

The following links provide supporting evidence behind the Wagner chronic illness care model (of which self-management is a core component) and behind some of the common models of self-management support described in more detail below.


On the basis of this evidence, self-management has been identified in the *National chronic disease strategy* as a key component of routine health care.

**Myth-busting**

There have been recent statements made that ‘the evidence shows self management doesn’t work’. This appears to be a reference to a study conducted of health impacts for people with arthritis one year after participation in a Stanford chronic condition self-management course.¹

The study demonstrated significant improvements in self-efficacy and wellbeing measures and positive trends but not statistically significant improvements in several other measures including pain and attendances at GPs for people with arthritis.

Concluding from this that self-management doesn’t work fails to fully represent the results, and also fails to recognise that self-management support is an ongoing process, not a time-limited course of intervention.