Examining Self-management

Section Introduction

The terms "self-management" and "chronic disease self-management" frequently have different meanings for the multiple actors in a health care system. Furthermore, the practice of self-management by clients of the health care system requires a re-examination of institutional practices within the system itself. A client who is an active participant in self-care needs to be conceptualised as someone other than a traditional "patient". The routines of care provision and many specific care practices need to evolve for the relationship between self-managing client and health care provider to be experienced as satisfactory. The papers in this section explore some of these issues.

Aroni et al. analyse, from a sociological perspective, the different meanings attributed to self-management by clients and clinicians. They argue that, for clients, self-management is about reclaiming a fully human identity (a self); that is, achieving recognition, and support for, the "regular self-monitoring practices" that are the source of human agency (Giddens, 1984, p. 80). For clinicians, self-management is likely to be viewed as the client or patient adopting appropriate practices in relation to their disease. These different assumptions can be fertile ground for misunderstanding. Their paper uses the competing discourses in the academic literature to begin unpacking the rhetoric.

Murphy and Reid explore the psychological models of understanding personal control in chronic disease and disability, and their importance for framing research and interventions to reduce disability and handicap among people with chronic disease or injury. Weeks et al., in their paper, are concerned with the roles of the clinical professions and orientation towards client self-management, and provide suggestions that emphasise what they regard as more appropriate models of practice.

The tools developed by researchers to facilitate and/or evaluate the provision of care reflect the different orientations towards self-management discussed by Aroni et al. The discussion of trust between clinician and client in Walker is based on the assumption that the social relationship, especially the quality of trust, is fundamental to client agency in self-management. In Battersby et al., the relevant assumption is that specific knowledge and behaviour on the part of a client, that is appropriate practice, is fundamental to effective self-management. The two approaches are not mutually exclusive.

Giddens, A. (1984). *The constitution of society.* Cambridge: Polity Press.