

THEORETICAL REVIEW

SELF-CARE IN NURSING: SELF-MANAGEMENT, SELF-MONITORING, AND THE MANAGEMENT OF SYMPTOMS AS RELATED CONCEPTS

O AUTOCUIDADO EM ENFERMAGEM: AUTOGESTÃO, AUTOMONITORIZAÇÃO E GESTÃO SINTOMÁTICA COMO CONCEITOS RELACIONADOS

AUTOCUIDADO EN ENFERMERÍA: AUTOGESTIÓN, AUTO-CONTROL Y DE GESTIÓN SINTOMÁTICAS CONCEPTOS RELACIONADOS

Maria Teresa dos Reis Lopes Silveira Galvão¹
José Manuel da Silva Vilelas Janeiro²

¹ RN, Adjunct Professor, School of Health of Cruz Vermelha Portuguesa; Ph.D. Student at Universidade Católica ICS, Porto – Portugal.

² RN, PhD in Psychology, PhD student in Nursing Sciences, Porto – Portugal.

Corresponding Author: José Manuel da Silva Vilelas Janeiro. E-mail: jose.vilelas@gmail.com
Submitted: 03/08/2012 Approved: 28/02/2013

ABSTRACT

Self-care is an overarching concept related to the actions that people perform individually to preserve their health and/or prevent disease. As this is a broad concept, others are also related and, despite not having the same meaning, are often addressed in the same sense. Within the literature consulted for this work, terms such as self-management, self-monitoring, the management of symptoms, and self-efficacy are mentioned in various studies, particularly when attempting to identify how people live/manage their health or their condition. Among all of the identified concepts, only one characteristic is common to them all – self-awareness. This characteristic refers to the learning achieved, particularly by people with chronic illness, and directed toward the development of the awareness of unperceivable symptoms. The identification of the needs of people with chronic illnesses clearly lies in the understanding, as well as in the differences and similarities, of these concepts – self-care, self-management, self-monitoring, and the management of symptoms.

Keywords: Nursing; Nursing Care; Self-Care.

RESUMO

O autocuidado é um conceito abrangente relacionado com as ações que as pessoas realizam individualmente com o objetivo de preservar a saúde e/ou prevenir a doença. Por ser um conceito abrangente, há outros que se relacionam e que, embora não tendo o mesmo significado, são muitas vezes abordados com o mesmo sentido. Da literatura consultada, constatou-se que termos como autogestão, automonitorização, gestão de sintomas e autoeficácia são referenciados em vários estudos, nomeadamente quando se pretende identificar a forma como a pessoa vive/gera sua saúde ou sua doença. Dentre todos os conceitos identificados, apenas uma característica é comum a todos eles – a autoconsciencialização. Essa característica se refere à aprendizagem efetuada, nomeadamente, pelas pessoas portadoras de doença crônica e dirigida ao desenvolvimento da consciencialização dos sintomas imperceptíveis. A identificação das necessidades das pessoas portadoras de doença crônica passa, claramente, pela compreensão dos conceitos, das diferenças e das semelhanças desses conceitos – o autocuidado, a autogestão, a automonitorização e a gestão de sintomas.

Palavras-chave: Enfermagem; Cuidados de Enfermagem; Autocuidado.

RESUMEN

Autocuidado es un concepto amplio vinculado a las acciones que las personas realizan individualmente con el objetivo de preservar la salud y prevenir la enfermedad. Por ser un concepto amplio hay otros que se relacionan y que, pese a no significar lo mismo, a menudo se usan como si fuesen iguales. En la literatura consultada se constató que palabras como autogestión, auto monitoreo, manejo de síntomas y auto eficacia se mencionan en varios estudios cuando se trata de identificar el modo de vivir, manejar la salud o enfermedad de una persona. Entre todos los conceptos identificados sólo hay una característica en común: la auto concienciación. Dicha característica se refiere al aprendizaje de las personas con enfermedad crónica centrado en el desarrollo de la conciencia de síntomas imperceptibles. La identificación de las necesidades de estos pacientes pasa por la comprensión de los conceptos, de las diferencias y las similitudes entre autocuidado, autogestión, automonitoreo y manejo de síntomas.

Palabras clave: Enfermería; Atención de Enfermería; Autocuidado.

INTRODUCTION

Results that are sensitive to nursing care for people with illnesses are clearly one of the priorities of research in nursing. Nurses are taught early on to provide individualized care, but it is extremely difficult to assess the impact of these nursing interventions.

Prior literature is scarce regarding individualized interventions and systematic evidence of the impact of these interventions on people. The approach of individualized interventions can be defined as those in which an action is performed by a nurse or by a number of nurses integrated within a multidisciplinary team. In terms of results, individualized interventions are related to the promotion of health care, the reinforcement of healthy habits, the construction and maintenance of confidence, and the reduction of anxiety. Health indicators that have proven to be efficacious include daily activities, functional capacity, and memory.¹

Results that are sensitive to nursing interventions represent the impact or the consequences of interventions provided by nurses and are manifested in the patients through changes identified in the patients' state of health, in their behavior, in their perceptions, as well as by their resolution of real or potential problems.²

In the second half of the twentieth century, more attention began to be given to the individual responsibility of controlling one's own health, a result largely due to the changes in disease patterns, from acute to chronic. This self-responsibility gave rise to many concepts, with both similarities and differences – self-care, self-management, self-monitoring, the management of symptoms, and self-efficacy.³

To carry out this literature review, studies were selected which allowed for a better comprehension of the concept of self-care. Thus, this study aims to clarify the true meaning of self-care. Terms such as self-management, self-monitoring, the management of symptoms, and self-efficacy can be found in a wide range of studies, most notably in attempts to identify the manner in which people live/manage their health or their illness.

THE CONCEPTUALIZATION OF SELF-CARE AND RELATED CONCEPTS

Self-care is a regulatory function which allows people to perform, by themselves, activities aimed at preserving life, health, development, and well-being. Conceptualizing self-care and establishing the needs and activities related to self-care are essential to understanding the manner in which people take advantage of nursing interventions.

Self-care is the key to health care and is viewed as advice that is linked to nursing activities, which distinguishes it from other disciplines. It can be said that, through self-care actions, interventions are implemented to promote health geared toward good nursing care practices over a continuum, from primary health care, to hospitalization services, to long-term hospitaliza-

tion, to rehabilitation services. These interventions are intended to inform people about their condition and treatment, as well as to educate them about self-monitoring, comprehension, and identification of changes in functionality; to assess the severity of these changes and the available options to manage these changes; as well as to select and perform appropriate actions.⁴

Self-care is also understood as the result of nursing care, and a wide range of facts have contributed to this. These factors are related to changes in typical disease patterns; changes in the focus of the disease, giving greater importance to prevention; the decrease in the number of days of hospitalization, be that due to a waning amount of resources or due to the reductions imposed by costs; the greater need for home health care; and, finally, the fact that people are more well-informed concerning their role in the use of health care clinics. Such aspects are most clearly highlighted in patients with chronic illnesses, who, to manage their illness and the conditions that stem from it, need to learn how to understand the illness, to deal with the prescribed treatment, to react emotionally to their adaptations to the illness, and to re-learn how to relate interpersonally in the basic and instrumental activities of daily life.⁴

Self-care is considered an integral component of the management of chronic illnesses and the preservation of an acceptable level of functionality. It allows patients to observe themselves, to recognize symptoms, to determine the aggressive nature of symptomology, and to choose appropriate strategies to overcome these symptoms, in turn minimizing them and maximizing one's own health.⁴ Thus, self-care includes the capacity to take care of oneself, but also the performance of activities that are crucial to achieving, maintaining, or promoting good health.³

Promoting and maintaining self-care in patients with chronic illnesses is the core role of nursing intervention, since the nurse's interaction is constant in any given context – hospitals, health clinics, emergency rooms, continued care, and community work. The implementation of self-care actions promotes a partnership between the nurse and the patients/family, in such a way that the latter develop capacities and knowledge to adapt to and proceed with informed decision-making concerning their chronic illnesses.⁵

The efficient management of chronic situations is described in the literature, most commonly in terms of educational programs, in an attempt to allow for self-management and/or self-care, since these two concepts are often defined as one in the same.⁵ Self-care is preceded by self-perception, at cognitive, psychosocial, demographic, and sociocultural levels.⁴ Thus, the meaning that patients with chronic illnesses attribute to self-care is quite different from their values, beliefs, and attitudes about life.

People who have already experienced situations of specific illnesses have more efficiently performed self-care actions. In an attempt to better understand the meaning that adult patients

with chronic illnesses attribute to their self-care experiences, a qualitative study was carried out in an attempt to understand the meaning of self-care for these people and to perceive the strategies used to develop and maintain self-care. The participants were adult patients, between 21 and 65 years of age, diagnosed with chronic illnesses (chronic fatigue, psoriatic arthritis, osteoarthritis, fibromyalgia, ulcerative colitis, diabetes, multiple sclerosis, and chronic pain). Participants reported that their comprehension of self-care was constructed in the personal and social contexts of their own lives and from their self-knowledge, which stems from their life's experience with the chronic illness. Advice offered by health care professionals was not always a priority in this construction of the concept of self-care.⁶ In this light, self-care interventions must bear in mind the specificity of the context of the patient's life and must reassure these patients concerning the development of strategies that are acceptable and significant.

In this sense, the concept of self-care supports many nursing interventions, especially the actions of education geared toward the patients and the family in such a way as to assume responsibility for the individual needs for health care.⁶ As can be seen, the concept of self-care involves individual responsibilities geared toward the styles and behaviors of health required for good human development and functionality, as well as the activities that require the development of new strategies to deal with specific health conditions.⁷ Thus, patients with chronic illnesses describe the process of self-care as transformational in terms of their own personal feelings and a newfound reason for life. Self-care allows them to move forward with hope for the future. It is also important for health care professionals to be aware of this comprehension, as they interact directly with the people, and this interaction recognizes and reinforces the capacity of the people and their self-esteem in performing activities and in decision-making concerning self-care activities.⁵ However, there are barriers that hinder self-care in patients with chronic illnesses, such as physical limitations, a lack of knowledge of the situation, financial constraints, logistic difficulties, social and emotional needs, multiple problems with therapists, and complications with comorbidities.⁸ Nevertheless, the literature reports that self-care promotes an impact on those who perform the activities, which appears upon achieving desired results; in the minimization of complications; in their use; in the development of new strategies to deal with the health condition; in controlling the illness, in one's well-being; and in the control of symptoms.^{4,9-11}

Another concept used in this context of taking care of oneself is that of self-management, whose relationship with the concept of self-care is not well-defined in the literature. Self-management has been conceptualized as a subdivision of self-care focused on the current or potential impact of the disease; however, the term "self-care" is frequently included in the concept

of self-management.¹² This concept can be applied to activities related to the promotion of health care, as well as to activities related to acute or chronic illnesses. Evidence, however, most commonly points to their relationship with chronic illnesses.¹²

Self-management can also be defined as a competency and a process that people use in a conscientious attempt to gain control of their illness rather than be controlled by it.¹³ It can be equally associated with the capacity of the patient, together with the family, community, and health care professionals, to manage the physical and psychosocial symptoms, the treatments, the potential changes in lifestyle, as well as the cultural and spiritual consequences of chronic illnesses.¹⁴

Self-management is more related to chronic illness. Since this generates high levels of morbidity and high costs related to the use of health care, especially in developed countries, these variable can be minimized by implementing self-management programs.¹⁵

Using a prospective and descriptive approach, authors have analyzed the manner in which adult patients, of over 55 years of age, diagnosed with chronic illnesses (heart, respiratory, neurological, and mental), who had recently suffered an intensification of the illness, describe self-management.¹⁵ In this manner, they sought to identify the people who were at risk of a weak self-management, as well as to determine the influence of self-efficacy and the sense of coherence. The studies used scales geared toward the assessment of self-management, the scale of self-efficacy for the management of the chronic illness, and the scale of the sense of coherence. The people with the worst levels of self-management were older individuals, with the worst levels of self-assessment of health, with the primary diagnosis of mental disease (schizophrenia), and with the most recent diagnosis.¹⁵

Thus, the self-management programs to combat chronic illness propose interventions in such a way as to facilitate the competencies of the people to self-monitor symptoms and make informed decisions as active partners in controlling the advancement of the illness, that is, their involvement will facilitate the development of self-care. The interventions consist of positive returns in education, in the creation of simulated situations, in negotiations, in psychological support, in medical care, and in the use of information technology.¹⁶ The efficacy of self-management programs is continually assessed in terms of gains in physical, psychological, and social health, such as knowledge, the use of medications, self-efficacy, the behaviors of self-management, the use of health care services, and the quality of life.¹⁶

The self-management of chronic illnesses, carried out through educational programs, is associated with the reduction in the number of hospitalizations and emergencies and, in a global sense, to the reduction in the costs associated with these people's need for health care.¹⁷

In one study, indicators were identified that assessed the efficacy/results of self-management on the chronic illnesses.¹⁸

The main indicators, identified as results of self-management programs, were self-efficacy, health behaviors, state of health, use of health services, quality of life, and psychological indicators. Self-efficacy is considered to be the most important indicator. Health behaviors included participation in physical activities, communication with health professionals, techniques of cognitive behavior and of self-management, as well as compliance with what was taught. The state of health included the comprehension of one's own health, physical state, pain, dysfunctionality, fatigue, stress, and limitations in carrying out their role in society. The use of health services included hospitalizations, returns for emergency services, the number of days hospitalized, the number of unplanned doctor's visits, and the rate of rehospitalizations. Among the psychological indicators, depression was the most commonly reported. As regards depression, the higher its level, the less probable people with chronic illnesses will be to join self-management programs.

The authors of the present study recommend that these indicators must be selected properly according to the specific pathology. In this manner, and in the case of people who suffer from asthma, the indicators of self-management programs focus on the prevention of the intensification of the illness, the monitoring of the symptoms, and adjustments in medication. In the case of chronic diabetes, focus on the assessment of lifestyle is important in the management of stress, whereas the objective of intervention in people who suffer from arthritis is the reduction of pain and the increase in the physical and psychological functionality of the patient.¹⁸ As in self-care, barriers also exist in self-management, such as depression, obesity, difficulty with exercise, fatigue, weak communication with the doctor, weak family support, pain, and financial problems.

Another concept that is commonly defended in this self-care context is that of **self-monitoring**, which refers to the supervision of specific physical parameters or symptoms of a given health condition.³ However, studies have identified two complementary elements that allow people to make decisions concerning their health condition: the awareness of the physical symptoms and their documentation.¹² Self-monitoring is referred to as a subdivision of self-care, but the definition of self-monitoring is restricted to the activities performed by people, whether independently or with family involvement.¹⁹

The management of chronic illnesses is carried out more and more through a partnership among the health professional, the people with chronic illnesses, the family, and other caretakers. Over the past two decades, a significant change has occurred in the management of these illnesses with a greater emphasis on home care, which is carried out by a group of people made up not only of health care professionals, but also of family and friends. Improving the realms of the self-monitoring of the illness in these people is an ever-increasing concern for world health.¹²

The context of chronic illnesses calls for the creation of new realms in itself and in its caretakers, such as identifying physical symptoms, learning to control devices and equipment, or performing periodic evaluations, such as tests for glucose levels or oximetry evaluations. In other words, self-monitoring requires periodic evaluations of both the symptomatology and the treatments related to the illness.¹²

It is necessary to understand how self-monitoring foments self-management. People need to recognize the early signs of an acute intensification of the symptoms, in such a way as to prevent the problems related to living with a chronic illness. One study analyzed the concept of self-monitoring, in which the concept was defined as the awareness of symptoms or of the physical sensations that are controlled by periodic evaluations (measurements, recordings, and observations) to supply information to improve self-management. The symptoms vary according to daily activities and daily routines, and must be registered daily or reported to caretakers.¹²

The term "self-monitoring" is used to designate the measurements carried out by people with chronic conditions, such as the evaluation of blood sugar in diabetes or the monitoring of spirometry in asthma. Others use this concept to indicate not only the measurement tools, but also a process of self-assessment which includes reports of a wide range of daily symptoms. The great majority of authors¹² use the concept of self-monitoring as a component of self-management and/or of the control of symptoms.

Historically, the nurses that have dedicated themselves to research present a much more frequent application of the term self-monitoring than do other authors, in the sense that they focus on attention and physical awareness as tools of measurement and health controls.¹² Thus, self-monitoring can help people to recognize the symptoms, to regulate chronic situations, and to monitor self-management. One limitation of the concept is related to changes among people. While some people may be interested in developing new competencies, others may be incapable or uninterested in this.

As regards the management of symptoms, another of the aforementioned concepts, many of the nursing interventions are specifically defined and implemented with the aim of minimizing, alleviating, or avoiding undesirable symptoms.

The absence of symptoms does not necessarily mean a state of good health or well-being; however, the poor control of symptoms can have a devastating and costly impact on both the people and health care systems.³ The experience of the symptom includes its comprehension, assessment, and response, and is influenced by psychological, sociocultural, and physiological factors, as well as by prior experience. The management of symptoms includes treatment strategies or self-care actions aimed at avoiding negative outcomes. The results, which emerge from the symptom management strategies and

from the prior experience of the symptoms, include the functional state, self-monitoring, costs, quality of life, mortality, and emotional state, as well as morbidity and comorbidity.³ Hence, the relationship amongst the concepts described in this study and their relationship with self-care becomes quite evident.

CONCLUSION

Within all of the concepts – self-care, self-management, self-monitoring, and the management of symptoms – various aspects have been identified. Nonetheless, only one characteristic is common to them all – self-awareness. The key to the proper use and application of each concept lies in the comprehension of the differences among them.

The concept of self-care presents various general definitions, with a wide range related to health and to the people themselves. As in self-care, self-management defines the “I” (self) in a larger sphere, which includes social support, and has applications that go beyond the specific sphere of the illness (such as the promotion of health). However, the term has been frequently used to describe the management of chronic illnesses and lifestyles, as well as the psychosocial, cultural, and spiritual subdivisions. The concept of self-monitoring has been strictly applied to the evaluation of signs and symptoms related to illnesses and health conditions.

The concept of the management of symptoms was the only one that considers both the intervention of the patient as well as the intervention of health professionals in the identification, minimization, and alleviation of the symptoms.

Self-efficacy refers to the comprehension of the capacity to perform activities and make decisions concerning one’s own self-care. All of the concepts can be considered results of nursing intervention; however, self-efficacy works as a mediator or a moderator.

Self-care is a broader concept, referring to the competencies of people and the performance of activities geared toward the promotion and maintenance of health, including specific activities for acute and chronic situations. Self-management, self-monitoring, and the control of symptoms all fall under the category of the concept of self-care in the great majority of cases, referring specifically to abilities and to the performance of activities related to acute and chronic health conditions.

Self-management incorporates self-monitoring and the management of symptoms, but is broader in nature, as it treats the functional, emotional, psychosocial, and physical consequences, or the acceptance of one’s health condition. Self-monitoring is an element of self-management, but is specific for the awareness and measurement of specific parameters and symptoms that indicate the need to act or to consult a doctor.

The management of symptoms falls within the categories of self-care, self-management, and self-monitoring; however, when performed by health care professionals, it is not found exclusively within the domain of self-care. Self-efficacy interacts with a wide range of self-care activities, such as a mediator or moderator of interventions geared toward the improvement of one’s own self-care. The identification of the needs of people with chronic illnesses clearly lies in the understanding, as well as in the differences and similarities, of these concepts – self-care, self-management, self-monitoring, the management of symptoms, and self-efficacy.

REFERENCES

1. Suhonen R, Välimäki M, Leino-Kilpi H. A review of outcomes of individualized nursing interventions on adult patients. *J Clin Nurs*. 2008; 17(7): 843-60.
2. Doran D. *Nursing Outcomes: the state of the science*. 2^a ed. USA: Jones & Bartlett Publishers; 2011.
3. Richard A, Shea K. Delineation of Self-Care and Associated Concepts. *J Nurs Scholarsh*. 2011; 43(3): 255-64.
4. Sidani S. Self care. In: Doran D. *Nursing Outcomes: the state of science*. 2^a ed. USA: Jones & Bartlett Publishers; 2011.p.131-200.
5. Kralik D, Price K, Telford K. The meaning of self-care for people with chronic illness. *J Nurs Healthc Chronic Illn*. 2010; 2(3):197-204.
6. Cebeci F, Celik S. Discharge training and counselling increase self-care ability and reduce post discharge problems in CABG patients. *J Clin Nurs*. 2008; 17(3): 412-20.
7. Omisakin F D, Ncama B P. Self, self-care and self-management concepts: implications for self-management education. *Educ Res*. 2002; 2(12): 1733-7.
8. Bayliss E, Steiner J, Fernald D, Crane L, Main D. Descriptions of barriers to self-care by persons with comorbid chronic diseases. *Ann Fam Med*. 2003; 1(1): 15-21.
9. Leenerts M, Teel C, Pendleton M. Building a model of self-care for health promotion in aging. *J Nurs Scholarsh*. 2002; 34(4): 355-61.
10. Schnell-Hoehn K, Naimark B, Tate R. Determinants of self-care behaviors in community-dwelling patients with heart failure. *J Cardiovasc Nurs*. 2009; 24(1): 40-7.
11. Song M. Diabetes mellitus and the importance of self-care. *J Cardiovasc Nurs*. 2010; 25(2): 93-8.
12. Wilde M, Garvin S. A concept analysis of self-monitoring. *J Adv Nurs*. 2007; 57(3): 339-50.
13. Thorne S, Paterson B, Russell C. The structure of everyday self-care decision making in chronic illness. *Qual Health Res*. 2003; 13(10):1337-52.
14. Wilkinson A, Whitehead L. Evolution of the concept of self-care and implications for nurses: a literature review. *Int J Nurs Stud*. 2009; 46(8): 1143-7.
15. Gallagher R, Donoghue J, Chenoweth L, Stein-Parbury J. Self-management in older patients with chronic illness. *Int J Nurs Pract*. 2008; 14(5):373-82.
16. Chodosh J, Morton S, Mojica W, et al. Meta-analysis: chronic disease self-management programs for older adults. *Ann Intern Med*. 2005; 143(6):427-38.
17. Coleman M, Newton K. Supporting self-management in patients with chronic illness. *Am Fam Physician*. 2005; 72(8):1503.
18. Du S, Yuan C. Evaluation of patient self-management outcomes in health care: a systematic review. *Int Nurs Rev*. 2010; 57(2):159-67.
19. Song M, Lipman T. Concept analysis: self-monitoring in type 2 diabetes mellitus. *Int J Nurs Stud*. 2008; 45(11):1700-10.