Self-care in long-term conditions: Are we coming full circle?

Although the concept of self-care has been around in nursing for a very long time (does anyone remember Orem’s self-care model for nursing practice first published in 1971?) it seems the notion has only fairly recently ‘caught on’ in the wider health arena. However, now that it has, the impetus to apply it to practice is there, following the recent publication of a document describing how local strategies and good practice relating to self-care should be developed (Department of Health [DoH], 2006).

The document begins by giving a useful definition of self-care. This is important because, in the past, the notion has been somewhat narrowly interpreted as individuals merely carrying out those activities that others have decided are good for them! The definition provided is broader than this, and includes mention of dealing with the impact of a long-term condition on individuals’ lives.

The key local actions described in the document include the training of health professionals to enable them to understand the principles of self-care, identifying what information people may need and ensuring there is access to it, ensuring health professionals have information about what community support is available, making patient education programmes available, ensuring self-monitoring devices and technologies are accessible, and providing access to all services, such as health and social care and transport, in a consistent way.

Implications for diabetes nurses

Some of these actions seem to be more immediately applicable to nurses working in diabetes care. For instance, skills and training for people with long-term conditions are currently the focus of much action, and debate, in the diabetes world and are likely to continue to be so for some time to come. DAFNE (Dose Adjustment For Normal Eating) and DESMOND (Diabetes Education and Self-Management for Newly Diagnosed) are mentioned in the document, so, despite current uncertainties and angst about what diabetes education programmes should be provided, diabetes does appear to be leading the way in this respect.

Another particularly interesting key action point is that of ensuring self-monitoring devices are available. Given that many health professionals currently do not advocate self-monitoring of blood glucose (SMBG) at all for people with type 2 diabetes not treated with insulin, there could be some interesting discussions in the future! Of course, the key issue here relates to the use of the technologies – ensuring that individuals understand the purpose of SMBG, are able to use the results to effectively manage their condition, have access to all the information, including costs, and have choices are the most important elements in the decision-making process. It will be fascinating to see if there is an increase in SMBG in people with type 2 diabetes as a result of this latest guidance.

The work on changing the culture of health care to integrate the concepts of self-care and empowerment also continues. The DoH will be developing a self-care competency framework as well as working to ensure self-care is embedded in the NHS Knowledge and Skills Framework. Self-care will also be included in core curricula for health professional education. All this will, albeit not immediately, have an impact on the educational role for diabetes specialist nurses. If we are not already doing so, we need to make certain that the education programmes we deliver to other health professionals incorporate the principles of self-care. We will obviously need to practice, and be seen to practice, those principles: if other health professionals are going to model their behaviour on us, then it behoves us to ensure our model is the best!

All nurses working in diabetes care need to read this document to ensure they are up to date with the latest thinking on self-care. You never know, perhaps Orem’s model will be revisited soon, too!

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