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EDITORIAL

Self-Management of Health Status: Challenges Ahead

The capacity for self-care is recognized by the World Health Organization (WHO) as the basis of healthcare. Self-care is interconnected with the physical, psychological, emotional, and spiritual dimensions, and also with self-knowledge and well-being. Self-care is closely linked to personal balance throughout the life cycle and is at the heart of people's lives. Acknowledging this, WHO considers interventions to promote self-care as within the scope of health promotion interventions, since they have the potential to increase choice and provide more opportunities for individuals to make informed decisions about their health and healthcare. Those interventions must be accessible and affordable by individuals.¹

Self-care interventions can be sorted into three levels: Self-knowledge (self-help, self-education, self-regulation, self-efficacy, self-determination); Self-assessment (self-selection, self-screening, self-diagnosis, self-collection, self-monitoring); and Self-management (self-medication, self-treatment, self-examination, self-injection, self-administration, self-use), which is recognized as the one having the greatest potential for personal well-being.

Self-management of health in chronic disease encompasses 3 dimensions. The first concerns the Person, considering that the person must actively participate and take responsibility in the care process and have a positive way of facing adversity. The second concerns the Person's Relationship with the Care Environment, recognizing that people must be informed about their condition and treatment, must be able to express their needs, priorities, and values, in an environment of partnership and openness to social support, and its self-management process must be individualized. Finally, the third-dimension states Self-Management as an Activity, considering that it is a lifelong task that requires personal skills (namely, decision-making and problem-solving) and covers both management of health and emotions.² As chronic disease conditions are related to lifestyles, many times the first step towards change is often the most difficult, as it includes awareness of the problem, mobilization of internal resources and decision-making that "may need" the support of a health provider. This is where Nursing care can be decisive, as self-care interventions or self-management training, when provided in a safe and supportive environment, offer an opportunity to increase people's active participation in their own health, increase functionality and improve quality of life.^{3,4}

Behavior change is one of the most difficult decisions and actions to begin and maintain, which is why research into self-care and empowerment for self-management of health still on the international research agenda.⁵ Now is the time for action and empowerment, and the world's population expects to rely on all health providers, half of which are 28 million nurses worldwide. These professionals need to be able to deal with the unpredictability of the person "with whom" they are caring of, have the ability to accept their choices, even when they include health-risk behaviors, and to accept that the power lies with each person. Person-centered care is not real if the person is not truly involved in planning and making decisions or whenever their wishes and expectations, even if harmful, are not respected. A lot is asked to these professionals these days, but the potential of their workforce is also threatened by multiple factors: the shortage of health professionals pointed out by different international organizations; the attempt to generalize and downgrade the training of nurses in several countries around the world as a way of reducing costs, depriving people of being cared by differentiated nurses; the decrease of health training in higher education; and the disinvestment in national health systems, benefiting private services that do not invest on health promotion strategies, including self-care interventions.

Research in this area can make a decisive contribution to both people and health professionals, empowering them to enable and respect rights and choices, but it needs to integrate both lived experiences into the development of evidence-based and personcentered interventions.

How to cite this article: Seabra P. Self-Management of Health Status: Challenges Ahead. Pensar Enf [Internet]. 2023 Dec; 27(1): 3-4. Available from: https://doi.org/10.56732/pensarenf.v27i1.319



This Journal's contribution is minor, but Self-Management of Health was the most published topic on this issue nr. 27.

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