Chapter 17

The Nexus of M–Health and Self–Efficacy

Anastasius S. Moumtzoglou
P. & A. Kyriakou Children’s Hospital, Greece

ABSTRACT

Self-care emerged from the concept of health promotion in the 1970s while from 2000 onwards the term ‘self-management’ gained popularity, with a greater focus on long-term conditions and the trend towards more holistic models of care. Although ‘self-management’ and ‘self-care’ are often used interchangeably, a distinction between the two concepts can be made. Both can be considered in terms of a continuum, with self-care at one end as ‘normal activity’ and self-management an extension of this. Self-management support is the assistance given to patients in order to encourage daily decisions that improve health-related behaviors and clinical outcomes. Self-efficacy, which is grounded in social cognitive theory, is defined as confidence in one’s ability to perform given tasks. The chapter envisions these concepts on a continuum with one pole representing mobile health and the other self-efficacy. It concludes that self-management support is the nexus of mobile health and self-efficacy.

INTRODUCTION

The health care environment is currently changing to meet technology and societal trends which converge to bring into being new communication patterns that connect and coordinate the roles of healthcare stakeholders. At the same time, the healthcare industry is steering inexorably toward a distributed service design in which essential decision-making occurs at the point of care. One of the central engines of this shift towards decentralization and reorientation of health care services is mobile healthcare (M-Health). M-Health describes the use of a broad range of telecommunication and multimedia technologies within wireless care delivery design and can be broadly defined as the delivery of healthcare services via mobile communication devices. M-Health establishes healthcare communities in which every stakeholder can participate. However, it disrupts the traditional service model where healthcare information, security and access is centrally managed, maintained and limited, transforming the healthcare sector and destroying components that are slow to adapt.

DOI: 10.4018/978-1-4666-9861-1.ch017
M-Health interventions range from simple to complex applications and systems that remotely coordinate and actively manage patient care. In this context, it offers an elegant solution to the problem of accessing the right information where and when it is needed within highly fluid, distributed organizations. Moreover, it removes geography and time as barriers to care by establishing connectivity with remote locations and remote workers, creates new points of contact with patients, and changes the frequency and intensity of health care delivery. It also establishes effective new treatment modalities like telehealth, remote patient monitoring, self-care, and home health while it blurs the boundaries between professional medical advice and self-care. Overall, M-Health blends three bodies of knowledge: high technology, life sciences, and human factors.

Self-care emerged from the concept of health promotion in the 1970s. The 1980s there was increasing recognition of ‘partnership’ with health care professionals, and the 1990s saw more emphasis on the continuity of self-care and so-called ‘growth’ models. From 2000 onwards the term ‘self-management’ gained popularity, with a greater focus on long-term conditions and the trend towards more holistic models of care.

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Self-management is principally justified in two different but interlinked ways. The first is that long-term conditions are most effectively managed when patients and professionals work in partnership, combining their different skills and expertise. Secondly, reference is made to the growing older population and incidence of long-term conditions and the increasing demands on health services that result from these trends. In this context, supporting people to become more efficient self-managers of their conditions is presented as an essential strategy for managing health care demand and ensuring the long-term sustainability of health services.

Attempts to encourage and enable people to self-manage have focused on two primary strategies:

- Educational, training and peer-support programs that are provided separately from clinical health care consultations and tend to have little connection to the patients’ usual clinical care.
- Approaches to health care meetings in which clinicians put a strong emphasis on supporting people to manage their conditions rather than rely on the clinician.

On the other hand, self-management support is the assistance given to patients in order to encourage daily decisions. It may be viewed in two ways:

- As a portfolio of techniques and tools that help patients choose healthy behaviors.
- As a fundamental transformation of the patient-caregiver relationship into a collaborative partnership.

The purpose of the self-management support is to aid patients take an active role in their treatment. Education is a feature of self-management support. In self-management support interventions, this is often in the form of patients teaching more about their health condition, the circumstances that trigger and potential options for managing symptom exacerbation.
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