

# Barriers to self-management in people affected by chronic disease

Michael Vallis

Diabetes healthcare providers are no strangers to the self-management model. Indeed, it could be said that diabetes is the field in which the self-management model has been most thoroughly developed and implemented. The marriage of expert clinical care with self-management by the individual is an ideal union and an increasingly common objective. It is an excellent goal – one that is achievable by many. Yet a number of systematic barriers to self-management exists. However, these can be identified and used as a ‘roadmap’ to alert people to common challenges and guide them to effective solutions. Michael Vallis offers a round-up of widely encountered barriers to self-management, and suggests a formula to promote increased motivation to self-manage among people affected by a chronic disease.

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The barriers to chronic disease self-management can be placed into three broad categories: individual-based, relationship-based, and environmental barriers.

## **Individual-based barriers**

Self-management has many advantages. It puts control in the hands of the individual, and can be a great source of self-efficacy and self-esteem

– not to mention an effective means of improving symptom experience, functional ability and quality of life. This is the upside. The downside is that self-management can be challenging.



For people with a chronic disease, a good relationship with healthcare providers can go a long way to facilitating self-efficacy.

A number of systematic barriers can arise within the individual: motivational, behavioural or emotional.

#### *Motivational barriers*

Knowing that a certain behaviour is good for you is one thing; knowing how to engage in that behaviour is another – and actually sustaining it over the long term is another thing altogether. It seems that many of us are prepared to engage in short- to mid-term bouts of health-promoting behaviour but struggle to maintain this behaviour over the long term. This is unfortunate because the evidence suggests that even small amounts of healthful behaviour can have significant positive effects on health if they are sustained over the long term.<sup>1</sup>

In order to engage in long-term health-promoting behaviour, people need

to be motivated. But motivation is a tricky thing. Healthcare providers have an important role to play in helping people with a chronic condition to find meaningful, self-discovered motivation. Using a series of questions, a healthcare provider can help a person to find the right kind of motivation.

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Moreover, it is important to determine a person's readiness to begin changing his or her behaviour. People need to know whether or not they are really ready to act, and understand the reasons for their readiness or lack of it. Many of us think that we are ready

when in fact we mean that we want to eliminate the problem. That might not necessarily mean that we are willing to do all the work required to achieve the goal. The following approach can help to determine a person's readiness to act:

- Do you consider X (the non-healthy behaviour) a problem?
- Does X distress you?
- Are you interested in doing something to change X?
- Is now a time you are prepared to take action?
- Your answers to these questions will help you determine your readiness to act.

Since many people are principle-based, motivation for long-term behaviour is enhanced if the question *Why do you want to achieve goal Y?* is answered in a way that reflects personal

and meaningful reasons. And since many people tend to drift towards the path of least resistance (the unhealthy alternative is often associated with more immediate pleasure), effective motivation involves the willingness to make a choice that might give rise to less rather than more immediate pleasure. This means that a certain amount of distress tolerance is helpful – for example, *I would love nothing more than to sit on the sofa after a hard day at work but I choose to go for a brisk walk in the cold rain.*

**“When people are initially motivated by negative feelings, they stop these behaviours when they begin to feel positive.”**

Often, in healthcare settings people initiate a healthy behaviour because they are distressed in some way – worried, frustrated, self-critical. Negative feelings are powerful motivators. But once people have changed their behaviour, they no longer feel distressed; in some cases, they feel very good about themselves. And herein lies the irony: because they were initially motivated by negative feelings, people stop these behaviours when they begin to feel positive. Long-term motivation requires positive as well as negative sources of motivation – *I am worried so I will start; I feel proud of myself for changing so I will continue.*

Motivation for healthy behaviour can be helped by an analysis of the advantages and disadvantages of change. It is very common for the disadvantages of change to interfere with long-term

self-management. If I am an emotional eater and I cut back on eating in the evening, I may not be able to manage emotions as easily when I get distressed, increasing the likelihood that I will go back to eating. Identifying advantages and disadvantages can help people to identify the actions that need to be taken in order to prevent disadvantages from interfering with motivation to change.

#### *Behavioural barriers*

Once a person has the motivation to change, his or her behaviour becomes the principal focus. Four steps to behaviour modification can help people to avoid taking two steps forward and three steps back.

- Goal-setting: many people set goals that they cannot achieve. Recommended goals are specific, measurable, achievable, relevant and timely (SMART goals).
- Behaviour-shaping: many people take an all-or-nothing approach to their behaviour. Evidence suggest that success is most likely if SMART

goals are sequenced such that the next step is no bigger than the one before, and that only a limited number of goals are worked on at any one time.<sup>2,3</sup> This plan maximizes the likelihood that a successful experience will be followed by another successful experience, and so on. Also, if the next step is only as challenging as those already completed, confidence will increase – a strong predictor of change.<sup>4</sup>

- Stimulus control: although many people like to think that their behaviour is entirely under their own control, evidence suggests that many factors, such as situations and people, affect choices. Stimulus control involves identifying the situations that are associated with unhealthy choices and altering these situations in order to reduce their influence. For example, if a person likes to eat potato chips, he or she could make a rule not to bring chips home and eat them only when outside the home – and only buy one small bag rather than a large bag.

**“It seems to take a long time for newly acquired health behaviours to become established in a person’s lifestyle.”**

- Reinforcement management: it seems to take a long time for newly acquired health behaviours to become established in a person's lifestyle. Setting goals and rewarding oneself for achieving these goals is a good way to help people turn health behaviour into healthy lifestyle behaviour.

### Emotional barriers

There is extensive evidence that emotional distress, especially depression and anxiety, interferes with self-management.<sup>5</sup> Diabetes healthcare providers can be very helpful to people experiencing emotional distress, in terms of providing support as well as organizing psychological interventions. Low levels of confidence or low self-efficacy represent another major emotional barrier to good self-management.<sup>4</sup> Again, positive relationships with healthcare providers can go a long way to facilitating self-efficacy (increasing a person's belief in his or her ability to achieve goals such as behaviour change).

“**It helps to identify those people who are supportive of self-management behaviours and those who are not.**”

### Relationship-based barriers

We do not live in isolation. Humans are highly social, and our behaviour is strongly influenced by those around us – our families, co-workers, healthcare providers. If those people are supportive of self-management, they can act as a very positive influence. Under the same principle, if a person is surrounded by people who do not

support self-management, his or her task is that much harder.

It is helpful if a person spends some time identifying those people who are supportive of self-management behaviours and those who are not. Having a plan to deal with people who are less supportive is a very useful strategy. Assertive communication skills can be very helpful when interacting with people who might not support healthy self-management behaviours.

For people with a chronic disease, the relationship with their healthcare providers is crucial. Open and supportive interactions in which people can feel free to discuss the struggles as well as the positive changes they have attempted can go a long way to overcoming these struggles. Recent evidence from chronic disease self-management programmes suggests that the helpful qualities of relationships with healthcare providers can be increased.<sup>6</sup>

### Environmental barriers

Good self-management behaviours often go against the grain in industrialized societies. In this context, an awareness of the social determinants of health are helpful. In many societies, it is easier to afford and choose unhealthy foods over healthy foods; the urban environment makes it difficult to be physically active; the multi-tasking requirements of many people's lifestyles make it difficult to manage stress and take the time required for self-care. It is helpful for people to work with their healthcare provider to identify the environmental barriers to self-management. Creative planning and social support can go a long way to help address these barriers.

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