

WHAT ARE THE OUTCOMES OF SELF-MANAGEMENT THAT MATTER TO STAKEHOLDERS?

A systematic review

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Background

Self-management has received growing attention as an effective approach for long-term condition management. Little is known about which outcomes of supported self-management are valued by different stakeholder groups.

Purpose

To systematically review published empirical evidence and grey literature to determine the self-management outcomes identified as important to patients, family members, healthcare professionals and commissioners.

Methods

Three exemplar conditions were selected; colorectal cancer, diabetes and stroke. Systematic searching of the following databases was conducted: AMED, British Nursing Index, CINAHL, Embase, HMIC, Medline, NHS Evidence search, Psycinfo, Web of science in addition to hand searches of review articles, policy documents, and documents from third sector organisations. Search terms were derived with the assistance of librarian expertise (VF). Abstracts were identified against inclusion criteria (see Figure 1).

Figure 1. Inclusion and exclusion criteria

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> Published in English Published January 1995- May 2014 Article which focuses upon self-management in relation to diabetes, stroke or colorectal cancer 	<ul style="list-style-type: none"> Study populations where individuals are <18years.

Abstracts were independently scored by EB & JE for relevance to the reviews' aims using pre-determined criteria (See Figure 2).

Figure 2. Hierarchy of evidence for review

Relevance Descriptor	Relevance Rating
Research which focusses on the explicitly expressed views of stakeholders with regard to self-management outcomes	5*
Research about the stakeholder experience of self-management which makes reference to self-management outcomes	4*
Self-management interventions which imply that the aims of the intervention, or outcome measures selected, were directed by stakeholder input	3*
Self-management interventions which state the reasons for the selection of any outcome measures or aims of the intervention	2*
Self-management interventions which identify the expected outcomes of the intervention	1*

Articles rated as '3 stars' or above were retrieved for full appraisal, and double-rated independently for quality using a critical appraisal tool by EB & JE. Outcomes of self-management were independently extracted and checked for agreement with the aid of a data extraction tool by EB & JE. Synthesis of findings was conducted using content analysis.

Results

39 studies originating from ten countries were fully retrieved and appraised (see Figure 4). 64% (n=25) of studies originated from the US or UK.

The majority of evidence was generated from diabetes (see Figure 3). 13% of studies (rated as ≥3 stars) provided evidence that the outcomes of self-management focussed upon the preferences of stakeholders. Inter-rater reliability for quality ratings was strong at 0.742 (Pearsons' r) (see Figure 4).

Studies rated at ≥3 stars provided information about the preferred outcomes of self-management from the perspectives of patients (80%), health professionals (18%) and family members (2%). Commissioners' views were not represented. Initial mapping suggests a range of outcomes appear to be important (see Figure 5).

Figure 3. Relevance ratings of included studies (n=300)

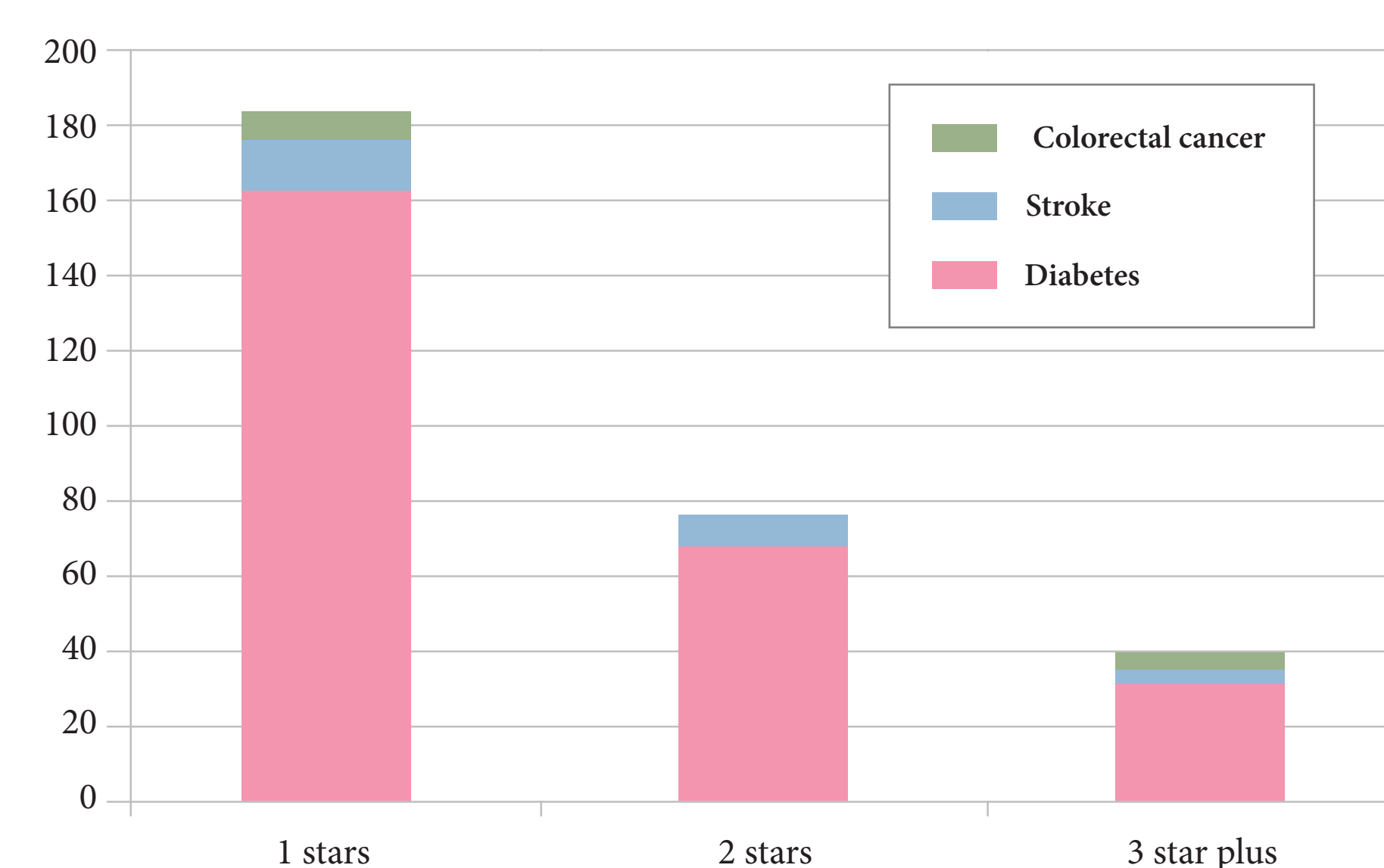
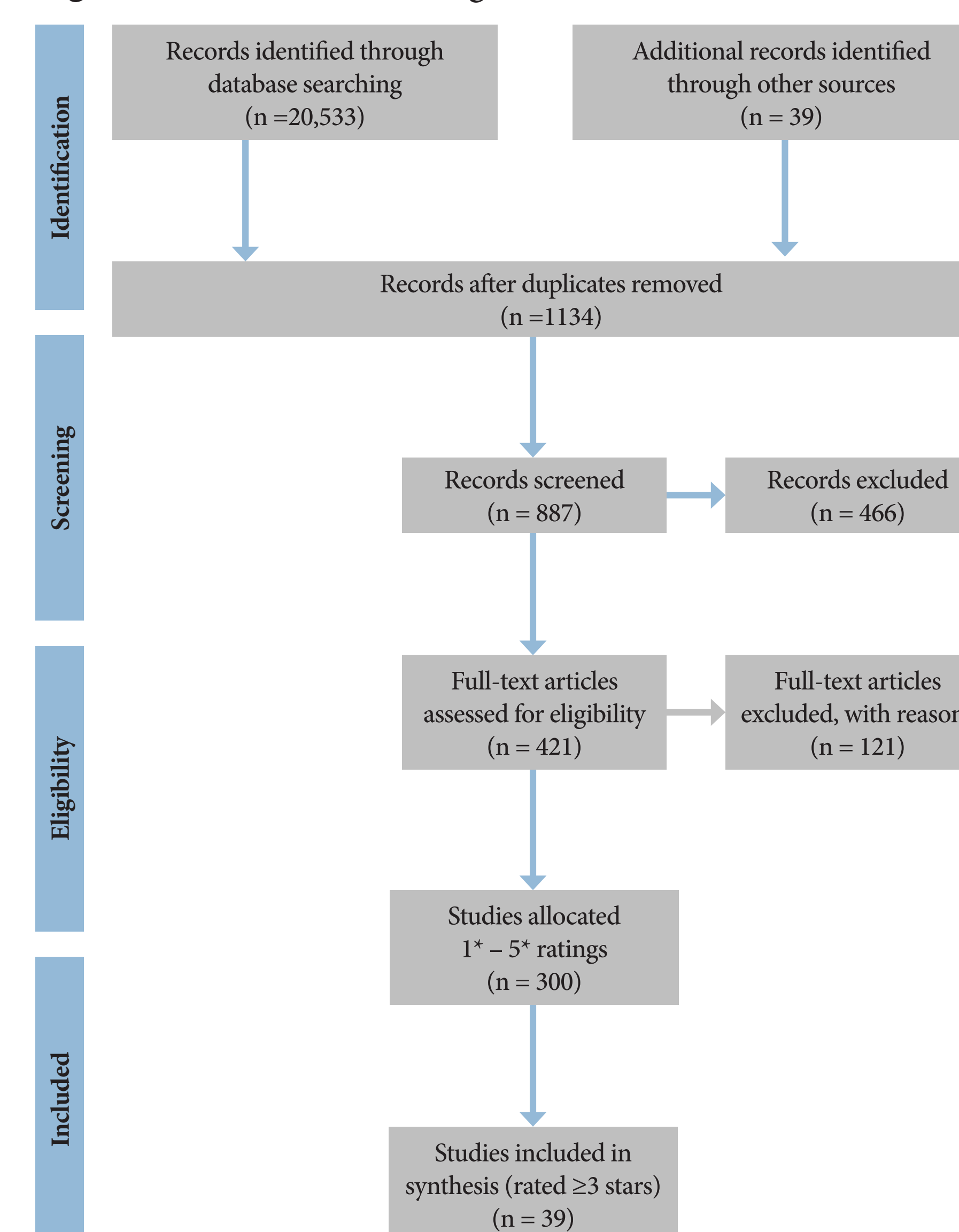


Figure 4. PRISMA Flow Diagram



Implications

Patients, families and health professionals appear to have different views about which self-management outcomes are important. Commissioner's perspectives are absent. Initial mapping suggests consensus is shared in few outcomes. Few studies have sought to explicitly identify the desired outcomes of self-management.

In the next phase of the Self-Management VOICED study we will identify which self-management outcomes are considered important by all stakeholders to guide the commissioning and design of self-management services (Demain et al, 2014).

Figure 5. Outcomes considered important by stakeholders by prevalence

	Stakeholder group		
	Patients	Health Professionals	Families
Prevent deterioration		Improved biomedical markers	Manage mood & emotion
Achieve optimal health		Improved lifestyle	Support management of blood glucose (diabetes)
Manage treatment and rehabilitation		Improved condition knowledge	Manage communication problems (stroke)
Manage condition in context of life		Improved quality of life	Achieve optimal health
Receive useful information		Improved patient control of condition	Prevent deterioration
Manage blood glucose (diabetes)		Patient ability to set goals	Improved condition knowledge
Feel in control		Confidence	Manage stress
Cope with symptoms		Family members who are involved	
A social network that supports condition		Minimise medication	
Feel 'normal'		Prevent deterioration	
Manage stress		Psychosocial adaptation to condition	
Have confidence in HCP			
Make the most of life			
Timely access to HCP advice			
Physically independent			
Feel listened to by HCPs			
Independence from HCPs			
Ability to negotiate with HCPs			
Confidence			

Key:

- Green = shared by patients, families and health professionals
- Blue = shared by patients and families
- Pink = shared by patients and health professionals
- Yellow = shared by health professionals and families