Self-care competency framework

Volume 2. Knowledge guide for health and care workers to support people's self-care

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Preface

All people have the fundamental right to the enjoyment of the highest attainable standard of health. Yet at the midpoint of the agenda for the Sustainable Development Goals, billions of people lack access to essential health services. There are about 90 million displaced persons and a perennial shortage of health workers in countries at all levels of socioeconomic development. There is a dire need for innovative strategies for health systems to address this challenge. Improving access to self-care interventions is one strategy to enable people to have a more engaged role in managing their own health, with the supervision of a health or care worker.

The *WHO guideline on self-care interventions for health and well-being* outlines the critical pathway that self-care interventions provide to reach universal health coverage. Self-care interventions span the spectrum of health promotion, diagnostics, disease and injury prevention, management and care. In many cases, self-care interventions can be safely administered to improve the management of one's own health with the support or supervision of a trained health worker.

This publication consolidates the evidence base and translates the *WHO guideline on self-care interventions for health and well-being* into the *Self-care competency framework*, published in three parts:

Volume 1

The **competency standards** define the competencies of health and care workers – and the specific behaviours that demonstrate them – for providing self-care in their practice. They focus on holistic health care, human rights, ethical practice, care through the life course and gender equity. They are framed by an ethos of social and professional accountability to improve health care for all. They serve as a standard for how health and care workers can support people with their self-care.

Volume 2

The **knowledge guide** describes how health and care workers can apply the competency standards to their practice, detailing the necessary knowledge, skills and attitudes that underpin these behaviours.

Volume 3

The **curriculum guide** is to be used by educational institutions and curriculum developers to develop competency-based education and training for health and care workers, including reflection on their personal conduct, so they can effectively support people's self-care.

The *Self-care competency framework* has been jointly developed by the World Health Organization (WHO) Department of Sexual and Reproductive Health and Research and the WHO Health Workforce Department to guide the development of health worker education programmes in national settings. It is intended to enable health and care workers to develop the competencies to support individuals, families and communities in making evidence-based decisions and taking action to manage their own health and the health of those in their care.

The *Self-care competency framework* clarifies the role of the health system, health-care facilities and health and care workers in supporting and supervising self-care interventions for health and well-being, and guides curriculum developers to update and integrate the competency standards into their educational curricula. This can lead to establishing appropriate strategies and tools to support people's self-care throughout life, leading to better health outcomes. We invite countries, health and care worker education institutions and employers to integrate these standards into education and practice, and to support and invest in a health and care workforce that is competent to provide people-centred, quality, evidence-based health services, including a focus on communication, collaboration and support for decision-making relevant to the use of self-care interventions, on the path towards universal health coverage.

Pascale Allotey, Director, WHO Department of Sexual and Reproductive Health and Research (SRH), including the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)

James Campbell, Director of WHO Health Workforce Department (HWF)

Pascale Allotey

James Campbell

Acknowledgements

Glossary

Behaviour	Observable conduct towards other people or tasks that expresses a competency. Behaviours are measurable in the performance of tasks *(1)*.
Caregiver	A person entrusted with the care of a person with an illness or disability, a child, or a person with diminished decision-making capacity. Caregivers may be family members, volunteers or paid workers.
Care worker	Care workers provide direct personal care services in the home, in health-care and residential settings, assisting with routine tasks of daily life, and performing a variety of other tasks of a simple and routine nature *(2)*.
Competence	The state of proficiency of a person to perform the required practice activities to the defined standard. This incorporates having the requisite competencies to do this in a given context. Competence is multidimensional and dynamic. It changes with time, experience and setting *(1)*.
Competencies	The abilities of a person to integrate knowledge, skills and attitudes in their performance of tasks in a given context. Competencies are durable, trainable and, through the expression of behaviours, measurable *(1)*.
Health literacy	The personal knowledge and competencies (mediated by organizational structures and availability of resources) that enable people to access, understand, appraise and use information and services to promote and maintain good health and well-being for themselves and those around them *(3)*. Health literacy encompasses health systems literacy as well as functional literacy and numeracy.
Health worker	Any person engaged in actions whose primary intent is to enhance health *(4)*.
Reflexivity	The ability to reflect on the impacts of our background and assumptions on the development of taken-for-granted knowledge *(5)*.
Self-awareness	The ability of individuals, families and communities to promote their their health and self-efficacy through self-regulation, self-education and self-determination *(6)*.
Self-care	The ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a health worker *(6)*.
Self-care interventions	Tools which support self-care. Self-care interventions include evidence-based, good-quality medicines, devices, diagnostics and/or digital technologies which can be provided fully or partially outside of formal health services and can be used with or without the support of a health worker *(6)*.
Self-efficacy	An individual's belief in his or her capacity to execute behaviours necessary to produce specific performance attainment *(7)*.
Self-management	The ability to use devices, medicines and knowledge to undertake self-medication, self-treatment, self-examination, self-injection *(6)*.
Self-testing	The ability to use devices and knowledge to undertake self-testing, self-sampling, self-monitoring and self-diagnosis *(6)*.

Glossary references

1. Global competency framework for universal health coverage. Geneva: World Health Organization; 2022 (https://apps.who.int/iris/handle/10665/352710).

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The self-care competency framework: at a glance
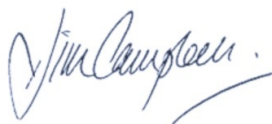
The *Self-care competency framework,* jointly developed by the WHO Department of Sexual and Reproductive Health and Research and the Health Workforce Department, aims to guide health worker education programmes. It enables health and care workers to develop the competencies necessary for supporting individuals, families and communities in making evidence-based decisions and taking action to manage their own health and the health of those they care for.

The framework comprises three separate, but interlinked documents:

Volume 1   **Global competency standards** for health and care workers to support people's self-care

Volume 2   **Knowledge guide** for health and care workers to support people's self-care

Volume 3   **Curriculum guide** for health and care workers to support people's self-care

Volume 1

Self-care competency framework
Volume 1 – Global competency standards for health and care workers to support people's self-care

Defines the competencies of health and care workers (including specific behaviours) for providing self-care.

- Focuses on holistic health care, human rights, ethical practice, care through the life course and gender equity.
- Framed by an ethos of social and professional accountability to improve health care for all.
- Serves as a standard for how health and care workers can support people with their self-care.

Applied to:

Volume 2
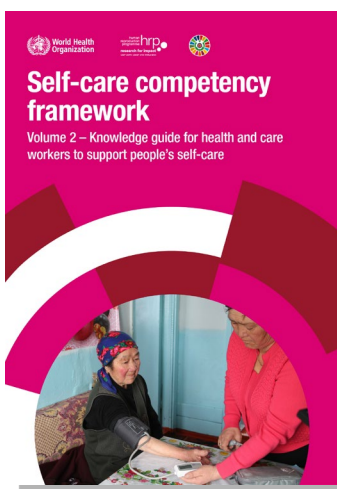
Self-care competency framework
Volume 2 – Knowledge guide for health and care workers to support people's self-care

Describes how health and care workers can apply the competency standards to their practice.

Details the necessary knowledge, skills and attitudes that underpin these behaviours.

Volume 3

Self-care competency framework
Volume 3 – Curriculum guide for health and care workers to support people's self-care
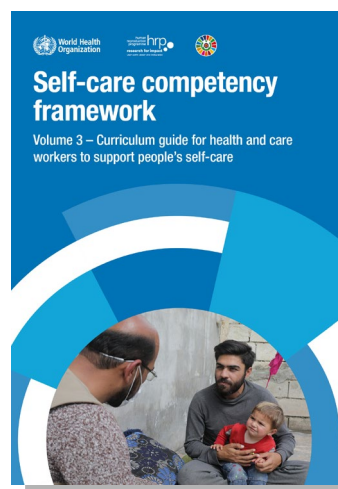
A resource for educational institutions and curriculum developers to develop competency-based education and training for health and care workers.

Includes reflection on their personal conduct, so they can effectively support people's self-care.

Links to:

Chapter 1.
Introduction

Self-care is the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability. Self-care complements, supplements and extends traditional health care in the health-care facility setting. Achieving universal health coverage (UHC) for all requires strong health systems, with a competent health workforce supporting individuals, families and communities to undertake self-care. While self-care can be undertaken independent of a health or care worker, for many self-care interventions, the support of health or care workers will be needed to facilitate effective self-care.

The competency standards for health and care workers to support people's self-care (hereafter referred to as the competency standards) are designed to outline the minimum behaviour standards and evidence-based clinical standards for health workers to support people's ability to undertake self-care. The competency standards are presented in Volume 1 of this set of documents *(1)*. They align with the structure of the WHO *Global competency framework for universal health coverage (2)*.

This knowledge guide describes how health workers can apply the competency standards to their practice. For each of the 10 competency standards and for the specific behaviours relevant to each of them, this document examines in detail the knowledge, skills and attitudes that are foundational to the stated behaviours. The competency standards are the benchmark for health workers to support people's self-care. The knowledge guide forms the basis for the curriculum guide *(3)* – another separate volume in this set of documents – which is to be used in training health and care workers.

Principles and conceptual framework

The competency standards are based on the conceptual framework (Fig. 1) of the *WHO guideline on self-care interventions for health and well-being (4)*. They focus on holistic health care, human rights, ethical practice, care through the life course and gender equity. The competency standards are framed by an ethos

of social and professional accountability by health and care workers to improve health care for all.

Self-care interventions can be classified as self-management, self-testing and self-awareness, as elaborated in Fig. 2, which also illustrates where self-care sits in the intersection between health systems and "everyday life". Self-awareness interventions are typically considered to be outside the normal work of health-service providers, although they can help to promote better health and thus support health systems. Self-testing interventions are often performed by self-carers, sometimes independently of health or care workers, and sometimes in collaboration with health or care workers and/or caregivers. Self-management interventions generally require the support of health workers who collaborate with the self-carer.

Figure 1: Conceptual framework for self-care interventions
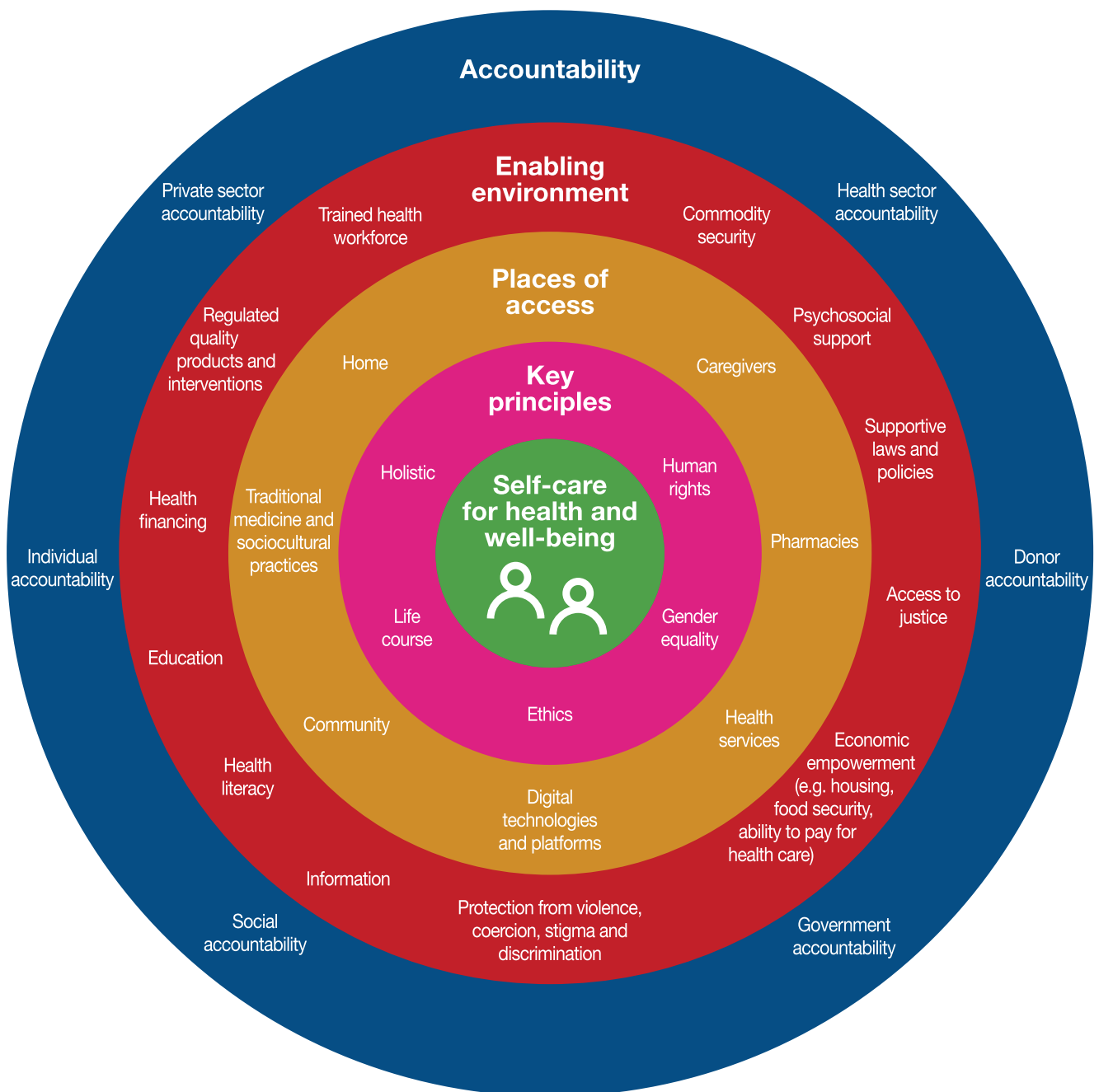
Source: WHO, 2022 *(4)*.

Figure 2: Self-care in the context of interventions linked to health systems

HEALTH SYSTEMS

SELF-CARE

SELF-MANAGEMENT
Self-medication, self-treatment, self-examination, self-injection, self-administration, self-use

SELF-TESTING
Self-sampling, self-screening, self-diagnosis, self-collection, self-monitoring

SELF-AWARENESS
Self-help, self-education, self-regulation, self-efficacy, self-determination

EVERYDAY LIFE
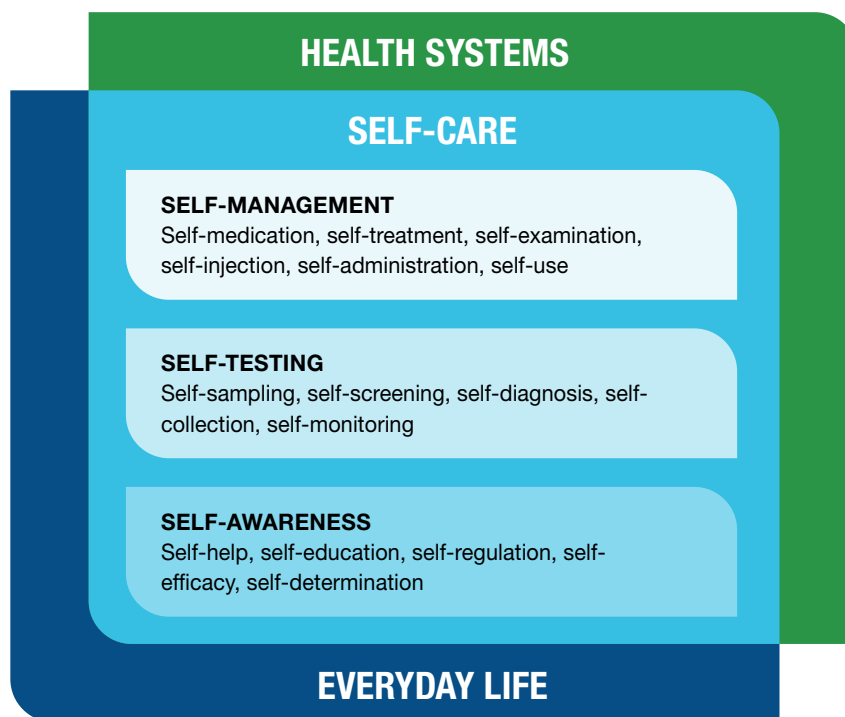
Source: WHO, 2022 *(4)*.

Aims of the competency standards

The competency standards are intended to be used:

- to serve as a standard for how health and care workers can support self-care among the people they are in contact with as health and care workers;
- to guide health system administrators on how and what behaviours should be promoted among health and care workers who are in contact with people to improve support of self-care;
- to guide educational institutions and curriculum developers when developing competency-based education for health and care workers to support the self-care of people they are in contact with as health and care workers.

The competencies and behaviours in the competency standards are organized under six key domains.

Domain I: People-centredness
Domain II: Decision-making
Domain III: Communication
Domain IV: Collaboration
Domain V: Evidence-informed practice
Domain VI: Personal conduct

For each domain, competencies and behaviours relevant to the support of self-care are specified. The competency standards focus on behaviours that are specific and measurable, noting that behaviours are underpinned by knowledge, skills and attitudes that are developed interdependently and over time.

While the behaviours associated with each competency standard are designed to be sufficiently broad to be applied across different health systems and countries, there is scope for behaviours to be tailored to specific settings. For example, in disaster-affected settings, where health systems are fragile or overburdened, there is often an urgent need for people to undertake self-care. The competency standards can be adapted to highlight the competencies and behaviours health and care workers need to support people to initiate or increase self-care.

Development of the self-care competency framework

The development of the self-care competency framework – including the competency standards *(1)*, knowledge guide (this document) and curriculum guide *(3)* – was informed and guided by the framing and conceptual and taxonomy development undertaken by the WHO Department of Sexual and Reproductive Health and Research *(5–7)*. The related guidance has been published as the *WHO guideline on self-care interventions for health and well-being (4)*, originally developed as the *WHO consolidated guideline on self-care interventions for health: sexual and reproductive health and rights (8)*.

Expert advice was provided by the Technical Advisory Group, which comprised experts in health care, health systems, and health of priority groups. The Technical Advisory Group reviewed the draft knowledge guide to ensure relevance and applicability for health and care workers and communities in a wide range of settings and countries.

How to use this document

Behaviours are the observable, measurable components of performance, encompassing knowledge, skills and attitudes (KSA). Attitudes most closely relate to motivation to perform behaviours, while knowledge provides the informational basis for tasks, and skills are the higher-order application, analysis, evaluation and creation of knowledge. Therefore, the presence or absence of KSA can be inferred from the presence or absence of the behaviours associated with the competency and the tasks.

The KSA can be customized for different cadres of health and care workers, taking into consideration their level or area of responsibility, the local setting and the health system. An example is presented in Box 1, for self-care in managing contraception.

Box 1: Contraception self-care in a low-resource community – an example of self-care competencies

Amina lives in a remote, low-resource community setting. The primary health clinic is staffed with four experienced community health workers and a nurse. Amina comes in for a postnatal check after her third baby and expresses an interest in family planning; she would like to space her children out more effectively. Amina is breastfeeding and previously had an ectopic pregnancy while using an intrauterine device (IUD).

How could different health worker cadres demonstrate Competency standard 1.5 – "Supports the individual, their caregiver and their family to access and continue using self-care interventions, taking into account individual, social and system-level barriers"?

• **A community health worker** may demonstrate this behaviour by assessing the challenges, constraints and enabling factors that Amina may face in choosing and using an effective and appropriate family planning method. For example, it may be difficult for her to purchase her chosen method in her local community, and the clinic may not dispense her chosen method. In addition, the community health worker may be aware of cultural barriers to using particular contraceptive methods.

• **A nurse at the clinic** may demonstrate this behaviour by individualizing their advice on self-care, considering the barriers mentioned above. The nurse may also take into consideration the medical and personal context. For example, the nurse may support Amina in considering a contraceptive implant, and if so, consider the specific cultural and social constraints to this choice.

• **A health services manager** may demonstrate this behaviour by assessing this clinic's structural barriers to contraceptive choice. For example, the health manager may identify failures in the continuity of supply for short-acting contraceptive injections or oral contraceptives, or limited expertise or experience among health workers of the procedures for some contraceptive devices, such as implants and IUDs.

Chapter 2.
Six domains of competency standards

Domain I: People-centredness

Competency standard 1: Promotes self-care by individuals, caregivers, families and their communities	
Behaviours	**Knowledge, skills and attitudes**
1.1 – Supports the individual to adapt options for self-care interventions, taking into account their personal situation, community, environment, gender, age, life stage and the health system	**Knowledge** • Outlines a range of self-care interventions relevant to individuals' specific health needs • Describes the physical and cognitive capabilities required for individuals to use different self-care interventions • Identifies a range of illnesses and conditions which can be managed through particular self-care interventions
	Skills • Practices a variety of approaches to adapt self-care interventions to suit individual needs and characteristics
	Attitudes • Respectfully acknowledges the uniqueness of each individual when supporting self-care

Behaviours	Knowledge, skills and attitudes
1.2 – Supports ongoing adjustment of self-care interventions, taking into account fluctuations in the individual's physical and mental health and their health-care needs	**Knowledge** • Describes the impacts of fluctuations in physical and mental health on self-care practices • Identifies tools and mechanisms needed to assess an individual's ability to use self-care interventions, in the presence of complex, fluctuating health needs
	Skills • Responds to the self-care needs of the individual, taking into consideration the characteristics and course of their illness
	Attitudes • Demonstrates motivation to support and adjust self-care interventions, taking into consideration the changing impacts of illness on the individual
1.3 – Supports the development of health literacy in relation to self-care (see Chapter 3 for explanatory notes)	**Knowledge** • Outlines components of health literacy, including functional literacy and numeracy, necessary to access, understand, appraise and apply information to make effective decisions about health and self-care • Describes specific elements of health literacy and health systems literacy that are needed to practise effective self-care in a range of settings and for different health conditions
	Skills • Evaluates the health literacy and health systems literacy of the individual, caregiver and family member(s), as relevant to the individual's self-care
	Attitudes • Responds without judgement to the expressed levels of health literacy of individuals, caregivers and family members • Demonstrates motivation to support the development of health literacy of individuals, caregivers and family members
1.4 – Identifies self-care interventions that have been previously undertaken by the individual, their caregiver, family and community	**Knowledge** • Outlines self-care interventions that may have been undertaken by individuals for a range of conditions in the local context
	Skills • Clarifies which self-care interventions have been undertaken by the individual, their caregivers or their family members for particular conditions
	Attitudes • Maintains attitude of respectful inquiry about self-care interventions nominated by the individual, their caregiver or family members • Shows curiosity about community norms and practices relating to self-care interventions for specific conditions

Behaviours	**Knowledge, skills and attitudes**
1.5 – Supports the individual, their caregiver and their family to access and continue using self-care interventions, taking into account individual, social and system-level barriers	**Knowledge** • Articulates the universal right to health • Identifies social and system-level barriers that may constrain access to and continuation of self-care interventions for the individual in the local context **Skills** • Provides care that supports the individual to overcome barriers to accessing quality self-care interventions, where possible **Attitudes** • Fosters the ability of the person to access quality self-care interventions in support of their universal right to health
1.6 – Demonstrates an awareness of the risk of harm that can be linked to self-care practices, including violence, coercion, stigma, discrimination and harassment, which reflect institutional, cultural, gender and racial biases	**Knowledge** • Articulates the range of harms an individual may face when seeking to engage in self-care in the local setting – including discrimination, stigma, violence and coercion **Skills** • Identifies and seeks to mitigate risks faced by the individual, their caregiver and/or family members when accessing and using self-care interventions **Attitudes** • Supports safe access to self-care interventions for individuals, caregivers and families.

Competency standard 2:
Provides people-centred support for self-care by individuals, caregivers and families

Behaviours	Knowledge, skills and attitudes
2.1 – Ascertains each individual's priorities for self-care interventions, taking into account physical, psychological, social and emotional factors, including issues of intra-familial agency and power	**Knowledge** • Describes ethical principles of autonomy, self-determination and agency **Skills** • Identifies the individual's priorities for self-care interventions, taking into consideration social, emotional and psychological factors • Identifies an individual's priorities in the context of multimorbidity **Attitudes** • Demonstrates respect for the autonomy, self-determination and agency of individuals • Values individuals' priorities for self-care interventions
2.2 – Demonstrates awareness and sensitivity about the ways in which beliefs and values, as well as legal, gender, financial and cultural considerations may impact upon an individual's self-care choices and practices	**Knowledge** • Identifies ways gendered, legal, financial and cultural considerations may intersect to impact upon an individual's self-care choices and practices **Skills** • Models cultural and gender sensitivity in supporting an individual to choose and use self-care interventions **Attitudes** • Recognizes intersectional impacts of different factors (e.g. age, race, class, gender, disability) on self-care choices and practices
2.3 – Identifies vulnerabilities of individuals, caregivers and families with respect to financial exploitation linked to the consumption of self-care products	**Knowledge** • Identifies the ways in which individuals, caregivers and families may be at risk of exploitation in relation to self-care **Skills** • Communicates risks of financial exploitation • Supports individuals to prevent financial exploitation in relation to self-care products **Attitudes** • Demonstrates sensitivity to the vulnerabilities of individuals, caregivers and families to financial exploitation in relation to self-care

Domain II: Decision-making

Behaviours	Knowledge, skills and attitudes
Competency standard 3: Takes an adaptive and collaborative approach to decision-making about self-care by individuals	

Competency standard 3:
Takes an adaptive and collaborative approach to decision-making about self-care by individuals

Behaviours	Knowledge, skills and attitudes
3.1 – Supports the individual to make informed decisions about using self-testing and self-management tools and devices, including medication, monitoring technologies and home-based testing	**Knowledge** • Categorizes self-testing and self-management tools and devices that are relevant for particular diseases and conditions **Skills** • Undertakes needs assessment with the individual for self-care interventions • Determines with the individual which tools and devices are relevant to meet their self-care needs **Attitudes** • Maintains openness to learning about self-testing and self-management tools and devices
3.2 – Ensures self-care decision-making is supported by the individual's nominated substitute decision-maker in situations where the individual's decision-making capacity is reduced or fluctuates	**Knowledge** • Describes the criteria that would indicate that an individual does or does not have capacity for decision-making • Outlines the functions of a substitute decision-maker **Skills** • Determines the decision-making capacity of the individual, recognizing that this may vary in different contexts and for different types of decisions • Collaborates with the nominated substitute decision-maker to ensure self-care decisions are in the best interests of the individual **Attitudes** • Balances respect for self-determination with assurance of safety in decision-making in situations where capacity may be reduced or fluctuate

Behaviours	Knowledge, skills and attitudes
3.3 – Supports the individual to identify goals and desired outcomes of effective and acceptable self-care, including through digital self-care	**Knowledge** • Outlines elements of shared decision-making for self-care including goal-setting and identifying desired outcomes **Skills** • Integrates shared decision-making, including goal-setting and individually-determined desired outcomes, into consultations about self-care **Attitudes** • Prioritizes the individual's goals and desired outcomes when supporting them to undertake self-care interventions
3.4 – Anticipates and collaboratively plans for the individual's changing needs for self-testing and self-management tools throughout the continuum of care	**Knowledge** • Outlines the continuum of care in relation to self-care needs **Skills** • Plans for changes in self-care needs along the continuum of care, as appropriate for specific acute and chronic illnesses **Attitudes** • Proactively anticipates future changes in people's self-care needs as relevant to their specific illnesses and conditions
3.5 – Demonstrates respect for the individual's decision not to undertake self-testing and self-management	**Knowledge** • Describes ethical principles of autonomy, agency and self-determination **Skills** • Demonstrates openness to an individual's decision to decline self-care interventions • Where possible, provides safe alternatives to self-care interventions if the individual declines self-care **Attitudes** • Respects each person's autonomy to decline self-care interventions • Maintains an ongoing commitment to providing safe health care if the individual declines self-care interventions
3.6 – Supports informed consent for self-care activities	**Knowledge** • Outlines the principles of informed consent, including for minors, taking into account relevant legislation **Skills** • Appraises the individual's ability to provide informed consent to self-care interventions, including minors and people with cognitive or other impairments **Attitudes** • Values autonomy in decision-making

Behaviours	Knowledge, skills and attitudes
3.7 – Provides informed advice to support the individual's decision-making about self-care interventions particularly where evidence is limited	**Knowledge** • Identifies areas where evidence on self-care interventions is limited **Skills** • Compares self-care intervention options in terms of their safety and potential intended and unintended impacts **Attitudes** • Recognizes one's clinical responsibility to provide informed advice on self-care interventions for which the evidence base may still be developing

Domain III: Communication

Competency standard 4:
Communicates effectively with individuals, caregivers and families

Behaviours	Knowledge, skills and attitudes
4.1 – Uses appropriate verbal and non-verbal communication methods to support self-care, including the use of interpreters where appropriate **4.2** – Uses a non-judgemental and open communication style **4.3** – Uses appropriate visual, language and literacy communication aids	**Knowledge** • Outlines situations where interpreters should be engaged • Describes types of communication aids **Skills** • Works effectively with interpreters in person and remotely • Uses appropriate communication aids • Communicates clearly, without medical jargon **Attitudes** • Responds receptively to the individual's need for communication assistance • Demonstrates willingness to collaborate with interpreters and cultural mediators • Strives to use clear, non-technical language • Respects the role of the interpreter
4.4 – Uses communication approaches that address motivation and support the self-efficacy of the individual, their caregiver and family	**Knowledge** • Describes communication approaches that address motivation and support self-efficacy • Describes the stages of change in adopting a new behaviour (see Chapter 3 for explanatory notes) **Skills** • Demonstrates the ability to undertake a consultation to assess and address the individual's motivation and self-efficacy **Attitudes** • Appreciates the importance of the individual's motivation to undertake self-care • Supports self-efficacy of individuals

Behaviours	**Knowledge, skills and attitudes**
4.5 – Uses a range of verbal and practical techniques to ensure that the individual, their caregiver or family can use and respond to self-testing and self-management tools	**Knowledge** • Outlines a range of communication techniques to support self-testing and self-management, such as teach-back and paced instruction (see Chapter 3 for explanatory notes about these techniques) • Describes the level of functional literacy needed to use particular self-testing and self-management tools • Describes the level of functional numeracy needed to use particular self-testing and self-management tools **Skills** • Assesses the individual's functional numeracy and literacy • Demonstrates the ability to use teach-back for self-testing and self-management tools • Demonstrates the ability to use paced instruction for self-testing and self-management tools **Attitudes** • Maintains a non-judgemental attitude towards a person's level of functional literacy and numeracy • Responds flexibly to the needs of individuals, caregivers and families for different learning/communication methods used to explain and support self-care (e.g. wording or examples are tailored to the local context, visual aids are adapted appropriately)

Domain IV: Collaboration

Competency standard 5:
Collaborates with other health and care workers and community workers to support self-care

Behaviours	Knowledge, skills and attitudes
5.1 – Shares support regarding self-management, self-testing and self-awareness with other health and care workers and community workers	**Knowledge** • Outlines benefits of working with other health and care workers and community workers on self-care **Skills** • Works collaboratively with other health and care workers and community workers to support self-care **Attitudes** • Values the diverse skill sets of other health and care workers and community workers to support self-management, self-testing and self-awareness
5.2 – Refers to other health or community services that can support self-management, self-testing and self-awareness	**Knowledge** • Identifies a range of health and community services that can support self-care **Skills** • Navigates between relevant health and community services to source appropriate support for self-care • Uses social prescribing (see Chapter 3 for explanatory notes) **Attitudes** • Actively maintains and updates the networks of health and community services that support self-care

Competency standard 6:
Promotes trust, agency and collaboration among individuals, caregivers and families with regard to self-care

Behaviours	Knowledge, skills and attitudes
6.1 – Encourages and supports the individual to use their own social and community networks to support their self-care	**Knowledge** • Describes social and community networks that can support self-care needs for different health conditions • Outlines the benefits for an individual of using their own social and community networks to support self-care **Skills** • Identifies the individual's social and community networks relevant to their self-care needs for their specific health condition(s) • Collaboratively appraises the suitability of the individual's social and community networks for supporting their self-care **Attitudes** • Fosters effective engagement between the individual and their social and community networks to support their self-care
6.2 – Refers the individual to peer support opportunities to support their self-care, as needed	**Knowledge** • Outlines a range of relevant peer support opportunities for different health conditions and self-care needs **Skills** • Supports the individual to engage with peer support opportunities, as needed **Attitudes** • Fosters effective engagement with peer support opportunities
6.3 – Refers families and caregivers to appropriate services to help them support the individual with their self-care	**Knowledge** • Outlines the benefits of support opportunities for the caregivers and families of individuals needing support for their self-care **Skills** • Identifies relevant support opportunities for the individual's caregiver(s) and family, in relation to supporting self-care **Attitudes** • Appreciates the value of the tailored support opportunities available for caregivers and families, in relation to supporting self-care

Domain V: Evidence-based practice

Competency standard 7:
Supports evidence-informed self-care practice by individuals, caregivers and families

Behaviours	Knowledge, skills and attitudes
7.1 – Integrates current best available evidence into advice and communications with the individual, their caregiver and family about self-care interventions	**Knowledge** • Identifies a range of evidence-informed sources of information about self-care interventions and practices **Skills** • Applies evidence-informed guidelines, standards and tools appropriately **Attitudes** • Values and promotes evidence-informed practice
7.2 – Promotes the ability of individuals to access and apply reliable, evidence-based information about self-care, including information from the internet	**Knowledge** • Describes a range of evidence-based sources of information about self-care for individuals • Outlines the components of digital health literacy **Skills** • Refers individuals to reliable sources of information about self-care • Evaluates a person's digital health literacy **Attitudes** • Encourages the use of reliable information
7.3 – Identifies, discusses and challenges misinformation about self-care	**Knowledge** • Defines and contrasts disinformation and misinformation **Skills** • Identifies instances of misinformation about self-care • Contests and challenges misinformation **Attitudes** • Advocates against the use of unreliable information

Domain VI: Personal conduct

Competency standard 8:
Demonstrates high standards of ethical conduct

Behaviours	Knowledge, skills and attitudes
8.1 – Upholds legal and ethical principles relevant to self-care, including confidentiality, conflict of interest, duty of care, dignity, privacy and safeguarding the best interests of individuals	**Knowledge** • Articulates legal and ethical principles relevant to self-care
	Skills • Behaves in ways consistent with legal and ethical principles relevant to self-care
	Attitudes • Values and reflects upon legal and ethical principles relevant to self-care
8.2 – Consults with others (e.g. peers, other health or care workers) in situations when ethical concerns arise with regard to self-care	**Knowledge** • Outlines a range of situations in which ethical concerns may arise in relation to self-care
	Skills • Consults with others (e.g. peers, other health or care workers) when in need of ethical advice
	Attitudes • Recognizes complex situations that may give rise to ethical concerns relating to self-care • Values collegial advice

Competency standard 9:
Undertakes reflective learning and practice about self-care

Behaviours	Knowledge, skills and attitudes
9.1 – Seeks to address any negative impact of their own attitudes, behaviours and gaps in knowledge or skills	**Knowledge** • Describes the concept of reflexivity (see Glossary for definition, and Chapter 3 for explanatory notes) **Skills** • Applies reflexivity to personal practice, to avoid expressing bias, insensitivity or cultural judgement • Identifies gaps in one's own knowledge or skills **Attitudes** • Recognizes one's own potential cultural and other biases • Recognizes the limits of one's own experience and knowledge
9.2 – Demonstrates continued commitment to ongoing learning about self-care interventions and practices	**Knowledge** • Advocates for continuing education to improve self-care **Skills** • Assesses ongoing learning needs relevant to self-care interventions and practices • Undertakes continuing education to learn about self-care interventions **Attitudes** • Values continuing education about self-care

Competency standard 10:
Manages own health and well-being

Behaviours	Knowledge, skills and attitudes
10.1 – Engages in one's own self-care practice to maintain one's own health, emotional well-being and resilience	**Knowledge** • Describes self-care practices to build resilience **Skills** • Identifies self-care practices suited to one's own needs • Identifies circumstances in which one would use these self-care practices • Implements self-care practices proactively **Attitudes** • Aware of one's own potential vulnerabilities and recognizes the signs that one may be becoming overwhelmed

Chapter 3.
Explanatory notes for the 10 competency standards

Competency standard 1:
Promotes self-care by individuals, caregivers, families and their communities

Health literacy

Health literacy is defined in the Glossary, and it encompasses health systems literacy as well as functional literacy and numeracy. See also the explanatory notes in Chapter 3 of the volume on the competency standards *(1)*.

Health systems literacy

Health systems literacy refers to the ability to understand how health systems work. People using self-care interventions are often engaged with multiple elements of the health system. They may access some treatments or tests from primary care clinics, pharmacies, civil society organizations, retail outlets or online. The services may be subsidized by government, health insurance packages or be provided free in some areas and/or require full or partial out-of-pocket payments. Self-care interventions administered by individuals or caregivers at home may be initiated in hospitals; for example, in palliative care, step-down psychiatric care, or home-based rehabilitation after a stroke or an orthopaedic procedure. Other self-care interventions may be part of an oscillating engagement process with secondary- and tertiary-level health care; for example, for people with chronic renal failure undertaking

home dialysis. Health and care workers should ensure that individuals have a clear understanding of how health systems work in general, and how they operate in relation to the particular self-care intervention.

Functional literacy

Literacy is the ability to understand and use information from written texts in a variety of contexts to achieve goals and develop knowledge and potential *(9)*. Functional literacy refers to the possession of basic skills in reading and writing sufficient to function effectively in everyday situations *(10)*. An individual's level of literacy matters for self-care as information about the tools, the techniques and the rationales for the interventions are often provided in written form, and increasingly online or in other text messages.

Surveys that were undertaken across 39 Organisation for Economic Co-operation and Development (OECD) countries by the Program for the International Assessment of Adult Competencies (PIAAC) have found that on average nearly one fifth of adults perform at, or below, Level 1 in literacy *(9),* with Level 2 generally being considered to equate with functional literacy *(11)*. At Level 1, the reader can make sense of brief texts on familiar topics to locate a single piece of information, using basic vocabulary knowledge, but would not be able to extract meaning from written material with competing information or in a long continuous narrative form, and would struggle with extracting meaning from written information found online.

A great deal of consumer health information is conveyed in written form that would be challenging for someone with Level 1 literacy. The PIAAC surveys found substantial differences in the distribution of literacy within many countries, but overall older adults had lower levels of literacy *(11)*, with no gender difference.

Functional numeracy

Numeracy is the ability to use mathematics in a wide range of situations to meet one's goals and develop one's capability and potential *(9)*. Functional numeracy refers to having basic skills in mathematics that enable one to function effectively *(10)*. Functional numeracy is important for all self-care interventions that require mathematical calculations; for example, to calibrate medication doses.

Functional numeracy, like functional literacy, is set at PIAAC Level 2 *(9,10)*. At Level 2, a person should be able to perform two-step calculations (such as calculating percentages and fractions) and should be able to perform estimates, and understand graphs and other visual representations. The PIAAC surveys found that nearly one fifth of adults overall do not have functional numeracy, and in some countries close to half do not have functional numeracy *(11)*. Functional numeracy levels are lower among older adults, and older women in particular, reflecting their lack of experience with labour markets that require some functional numeracy.

Competency standard 2:
Provides people-centred support for self-care by individuals, caregivers and families

Multimorbidity and self-care

Self-management programmes for people with chronic diseases typically focus on strategies and tools for one illness *(12,13)*. However most chronic illnesses occur in clusters, referred to as multimorbidity. Examples of clusters include: diabetes, cardiovascular disease and

arthritis; or diabetes, hypothyroidism and renal disease; and any combination of these with depression or anxiety. People with multimorbidity often have to prioritize one disease as dominant and others as secondary or tertiary conditions *(14)*, reflecting the relative impact of the diseases on their daily lives, or the costs and availability of treatments for different illnesses.

People with chronic illnesses have learned to recognize bodily cues and they generally respond to them multiple times a day *(12)*. These everyday decisions occur separately to the overt disease-management decisions, which are often the subject of clinician–patient interactions, and are particularly complex when multiple diseases are layered. In supporting people's self-care, health and care workers should seek to understand the patterns and constraints of everyday decision-making, particularly in the context of multimorbidity.

Competency standard 3:
Takes an adaptive and collaborative approach to decision-making about self-care by individuals

Safety-netting

The concept of "safety netting" is widely used across health professional education, referring to a way to manage risk when outcomes may be uncertain. This concept has particular relevance to shared decision-making about self-care interventions. At its core, it is based on the ethical requirement to provide sound advice to a person about what to do if things do not go as expected. For example, in self-management, the person needs to know when to seek urgent help for any changes in their condition. Often safety netting can involve a complex description of possibilities, with different actions depending on the urgency or nature of the individual's situation.

Nevertheless, there is good evidence in the medical education literature that teaching health workers concepts around safety netting with patients reduces adverse outcomes *(15)*.

Tools and resources to support self-care

A vast range of self-management support apps, online resources and printed or web-based toolkits are designed to assist health workers in having conversations with and supporting individuals at home to continue towards their health and self-care goals. Many of the resources include basic information to be discussed with individuals, and practical tips to help them find further details about their condition or access support for its management.

There is an emerging set of tools and resources designed for use by individuals to support their own self-care using mobile health (mHealth) apps on smartphones. These have the potential to improve health outcomes among those living with chronic diseases through enhanced symptom control. These apps tend to focus on single diseases, rather than multimorbid illnesses *(16)*. Further innovation, optimization and rigorous research around apps and mHealth technologies will improve self-care outcomes *(17)*.

Competency standard 4:
Communicates effectively with individuals, caregivers and families

Motivational interviewing

Motivational interviewing (MI) is a patient-centred, collaborative counselling approach to activate and facilitate health behaviour change used for specific behavioural lifestyle changes and to enhance self-management for conditions ranging from chronic pain to psychological health *(18,19)*. MI involves a series of steps that focus conversations on the self-carer and what they are keen to do, rather than the health or

care worker imparting advice. In MI, the self-carer is positioned as responsible for their health and is the expert on how they will undertake their self-management. The conversation involves enhancing motivation through exploring ambivalence(s), reinforcing that the self-carer is the expert about themselves, helping them to identify their reasons for wanting to make a change, and honouring their autonomy. MI only works if it is genuine, respectful and authentic. Educating health professionals about MI is most successful if done in the context of a reflective and interactive workshop, as it involves developing a set of skills that require practice, role modelling and simulation *(20)*.

Self-efficacy

Self-efficacy is regarded in learning and cognitive theory as an intervening mental state between knowledge acquisition and behaviour *(21,22)*. Self-efficacy in health care refers to an individual's belief and confidence in their knowledge, skills and ability and their sense of control over the actions necessary to manage their health and long-term health conditions *(23)*. The health or care worker requires the communication skills to have a conversation with the individual, supporting them to feel able to take a more active role in managing their own health. Such discussions may involve individuals needing to undertake specific new lifestyle behaviours or to monitor their condition(s) using new strategies and tools.

Stages of change model of behaviour change

The stages of change model (also known as the transtheoretical model, or TTM) posits that changes in behaviour tend to occur in stages: pre-contemplation, contemplation, preparation, action, maintenance, relapse, and termination *(24)*. There may be sub-loops in the process, with moves between maintenance and relapse being common with some conditions. The process may or may not include the termination stage, depending on whether the behavioural change needs to be continued for a specific duration or indefinitely (lifelong). The stages of change model has been very influential in health promotion. However, it has attracted some criticism for its lack of consideration of social context and for being based on the assumption that individuals make coherent and logical choices when making decisions.

Nevertheless, the stages of change model is helpful for health and care workers and self-carers engaged in consultations involving shared decision-making.

Teach-back

The teach-back method involves the health or care worker explicitly asking the individual to explain back to them in their own words the planned course of action, including how and when to take any medication prescribed. Teach-back helps clarify how the management plan articulated by the health or care worker was understood by the individual *(25),* and hence how successful the health or care worker's communication approach is. Systematic reviews of teach-back have focused on the implementation and use challenges, most of which reflect factors on the side of the health worker, such as inconsistent use, overly technical language, and failure to appreciate the individual's level of literacy and numeracy *(26)*. For self-care, teach-back is a crucial strategy, as is the reverse version of it, where an informed individual first states their self-care plans and then asks the health or care worker to explain it back to them, to confirm that they have understood their plan.

Paced instruction

Paced instruction in health communication is a knowledge-building strategy that involves the intentional provision of small amounts of information over time, to ensure understanding by the individual, usually supported with teach-back (see above). The technique has been characterized as "chunk and check" *(27).* It draws on the cognitive theory of "learning by chunking", which states that breaking information into meaningful groups reduces the load on working memory, and facilitates recall and organization into increasingly complex sets of information *(28).* Health and care workers supporting individuals with their self-care may find this strategy particularly useful when engaging in conversations about illnesses or self-management approaches about which the individual has little prior knowledge or experience.

Competency standard 5:
Collaborates with other health and care workers and community workers to support self-care

Social prescribing

Social prescribing describes the interaction between the health worker and the individual during which they identify together the types of social activities that are likely to enhance their well-being and support their self-care goals *(29).* Examples of such activities include group gardening or sports, or classes/workshops in art, cookery or other subjects. These services are local and often provided by voluntary or community-based organizations. The health worker writes a "prescription" for group

activities at a community service or refers the individual to an intermediary, such as a link worker or volunteer, who can help the person choose one or more activities and/or even accompany them to the activity in the first instance, if desired. Social prescribing networks aim to support people's practical, social or emotional needs in a person-centred way while encouraging self-care. Successful social prescribing requires the health worker to have good communication skills and knowledge of community resources.

Competency standard 6:
Promotes trust, agency and collaboration among individuals, caregivers and families with regard to self-care

Supporting individuals' social networks for self-care

The ability of an individual to manage their own self-care is often influenced by the strength and flexibility of their social and/or family networks *(30,31).* Being part of a supportive and flexible social and/or family network has been shown to reduce the risk of readmission for individuals with chronic psychiatric illnesses *(32)* or neurological illnesses *(33)*, and to reduce the progression of dementia *(34)*. However, many individuals with complex illnesses may have limited social networks, and overburdened, inflexible family networks *(31)*.

Using an interactive visual method, such as the concentric circles tool, can help individuals to describe their self-care networks and identify any gaps *(35)*. Health and care workers can then help to strengthen an individual's self-care networks by working with them in the following ways.

- **Increase the size of the self-care network** by identifying and reconnecting with previous members of the individual's social network who have disengaged, or by identifying new people in the individual's social world who may be able to become part of their self-care network.
- **Increase the multiplexity of the relationships in the self-care network**, by encouraging members of the social or family network who have previously only provided some form of support to begin providing another form of support (e.g. transport, or helping to ensure that doses of medicine are not missed).
- **Increase the stability of the self-care network** by encouraging members of the individual's social or family network to establish relationships with one another; for example, by encouraging the individual to introduce family members to friends or workmates who are part of their social support network *(31)*.

Promoting the knowledge and agency of caregivers and families

Due to advances in health technology and increases in life expectancy, families and caregivers may support the self-care of individuals with complex illnesses for decades. Despite their commitment to care, health and care workers frequently communicate only with the individual, or one caregiver, resulting in gaps in knowledge dissemination within the individual's caregiving network *(36)*. Young caregivers are particularly likely to report being excluded from health-care conversations *(37)*.

In general, health and care workers can assist caregivers and families by:

- providing referrals to support services for caregivers, including online support communities;
- including the caregiver(s) in the consultation, recognizing that the family caregiver in the consultation may also act as the messenger for other family members about the care plan (providing the plan in writing may assist caregivers in disseminating the plan as needed);
- regularly assessing the physical and mental health of caregivers and family members.

Training in problem-solving can help to support the competence and confidence of family members and caregivers in their role of helping the individual with specific issues and self-care interventions. Through this training, caregivers steadily gain competence and confidence through successfully solving a range of day-to-day care-related problems *(38)*. This approach has been been successful when implemented over time for some conditions *(39)*. For example, caregivers supporting individuals with dementia with night-time insomnia reduced both the individual's and their own sleep deprivation through a programme of daily walks and exposure to light *(40)*. Family caregivers of individuals with severe disabilities who received individualized problem-solving support for one year improved their ability to constructively solve problems related to health care, with both care recipients and caregivers reporting a decrease in depression over time *(41)*.

Health and care workers may incorporate problem-solving training into short consultations, working through a three-stage programme for addressing problems: identify a solution, implement it, and assess the outcome *(42)*. Challenges may arise if health or care workers fail to appreciate the dimensions of the problems the caregiver faces, or if they do not allow time to review outcomes and develop new solutions, or if the health literacy of the caregiver and care-recipient needs development.
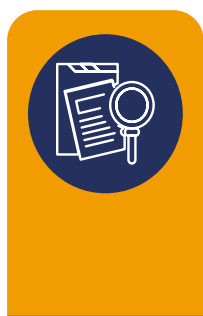
Competency standard 7:
Supports evidence-informed self-care practice by individuals, caregivers and families

Narrative accounts of people's experiences

People's accounts of their experiences with health condition(s) and any related treatments or interventions can be valuable for a health or care worker who is learning about how to support people's decision-making about self-care *(43)*. To avoid the risk of accessing misinformation when seeking such accounts online, reputable databases and websites should be sought. The databases of narratives collated under the Database of Individual Patients' Experiences (DIPEx)[1] umbrella in 13 countries, all following the framework pioneered by healthtalk.org, are examples of reputable and trustworthy sources of narratives about people's experiences of illness and health care *(43)*.

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1   Further information available at: https://dipexinternational.org/

Digital health literacy

Digital health literacy comprises four levels of competence:

- **Functional competence:** the ability to read and write about health using electronic/digital devices, including mobile devices.
- **Communicative competence:** the ability to use social online environments with multimedia to collaborate (e.g. set up a Facebook group for a particular purpose), adapt (e.g. create memes, voiceover content) and control (e.g. block or control the flow of information to other users).
- **Critical competence:** the ability to evaluate the relevance and reliability of health-related information online and in other digital formats, and the risks of sharing and receiving such information digitally.
- **Translational competence:** the ability to apply digital health information in different contexts *(44)*.

To capitalize on digital approaches to promoting evidence-informed self-care, health workers will need to assess people's digital health literacy, especially their critical and translational abilities. The validated eHealth Literacy Scale (eHEALS) is a simple tool to assess a person's perception of their own level of digital health literacy *(45)*. This scale does not assess a person's actual digital health literacy skills; a person may be confident of their critical digital health literacy and still be subject to misinformation online *(46)*.

Competency standard 8: Demonstrates high standards of ethical conduct

Ethical dilemmas related to self-care in institutions and health-care systems

Ethical dilemmas in supporting self-care can arise for health workers when balancing competing norms and values, such as an individual's dignity and autonomy against safety and evidence-based care *(47)*. The competing norms and values may be held by the legal or regulatory system and the health worker, the health-care institution and the health worker, or the health worker and the individual they are treating.

Bureaucratic norms and values related to funding can be particularly demanding for health workers. For example, an institution's model of postpartum care may include resourcing constraints that lead to standard procedures that require health workers to compromise on the care they provide to women, such as not being able to provide the most appropriate and/or the preferred contraceptive method. Legal constraints to some self-care interventions, such as the State's criminalization of medical abortion, may also pose an ethical and moral dilemma for health workers. These ethical dilemmas can be challenging for health workers who are not experienced at reasoning through such situations, and can lead to health workers feeling moral distress *(48)*. An ethical dilemma demands of the health worker that they make the right decision in a difficult situation, but also that they can justify their decision *(49)*. Discussion with a reflective peer can help health workers with their decision-making in the face of complex ethical dilemmas.

Competency standard 9:
Undertakes reflective learning and practice about self-care

Recognizing one's own cultural and social perspectives

Health and care workers should devote some time to understanding their own cultural and social perspectives on self-care and caregivers. The predominance of women among caregivers may strike some health and care workers as a natural, rather than as a social or cultural phenomenon (50). Health and care workers may harbour views – driven by medical culture and their training – on the conditions that are suitable for self-care. For example, home-based peritoneal dialysis for end-stage renal failure can be managed by self-carers or caregivers. However, its rate of use worldwide is significantly lower than the rate of use of haemodialysis (51), despite it being recommended in guidelines (52). This is due in part to the preference by nephrologists in many countries for institution-based haemodialysis, reflecting their own experience and institutional practices (53).

Cultural competency training, which aims to improve the ability of health and care workers to appreciate and respond to cultural diversity, is widely delivered through workshops as part of undergraduate or vocational training. It has been critiqued for essentializing culture (i.e. the view that people from a particular culture all have certain attributes and behaviours that are in their nature) and for not allowing sufficient time for reflective learning (54). A more productive way for clinicians to learn about their own cultural and social biases may involve perspective-taking and reflexivity (see Glossary and notes below) (55). These require health and care workers to maintain an attitude of respectful curiosity towards other cultures, while at the same time reviewing their own cultural and social perspectives.

Reflexivity

Reflexivity refers to our ability to reflect on the impacts of our background and assumptions on the development of taken-for-granted knowledge (55). It differs from reflective practice, which requires health and care workers to consider a situation that has occurred, whether positive or negative, and make sense of it by examining their role, what they could have done differently and what changes they may make to their practice in the future (56).

Reflexivity is a skill practitioners use to adjust their approaches or preconceptions, while reflective practice occurs after the event (56). Approaches to health and health service delivery – including self-care interventions – may be influenced by a person's culture and beliefs, as well as unconscious bias and institutional discrimination.

Competency standard 10:
Manages own health and well-being

Becoming overwhelmed

Burnout is a work-related stress syndrome marked by emotional exhaustion, cynicism and depersonalization, and reduced professional effectiveness and personal accomplishment (57). Burnout can occur in any profession, but health and care workers seem to be at particular risk (58). Burnout can have an impact on the personal well-being of clinicians, as well as the quality of their professional work (59). As part of their own self-care, health and care workers should be aware of the early signs of burnout: feelings of exhaustion, cynicism or emotional detachment, a sense of one's work as meaningless or useless, and stopping activities in one's personal life that one had previously enjoyed. As it is an occupational syndrome, approaches to burnout generally involve a combination of workplace initiatives, such as managing required hours of work, showing workers they

are valued, and providing support after critical incidents, and personal self-care initiatives, including exercise, self-reflection and seeking support from peers and family members *(60)*.

Resilience

Resilience refers to the ability to maintain mental health despite exposure to physical and psychological adversity. Psychological resilience is the product of ongoing adaptation to difficult experiences, through a process of behavioural, emotional and mental accommodation and adaptation to stressors *(61)*. The attitudinal and situational factors that promote resilience may protect health and care workers from burnout. For example, health workers who worked in the hospitals of a country highly affected by the COVID-19 pandemic were more likely to experience burnout if they had low levels of tolerance for uncertainty; using emotional strategies that enabled them to stay in a high-stress environment without needing to control it seemed to protect them from burnout *(62)*. In another study, the factors that enabled health workers to continue working in complex, challenging primary care settings were curiosity and respect for the patient population, intellectual engagement with their work, and the ability to control their own working hours *(63)*.

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