

## English summary of Anja Wolters: Wederzijdse kenniscreatie in de relatie

### Summary

Self-management is regarded as a sustainable solution for the cost of care in general as well as dealing with a disability or loss in particular. Ideally it promotes the perceived quality of life because it is tailored to the direct environment of the patient. Comprehensive care focused on self-management means for the elder with multiple problems and for the caregiver a shift in responsibilities. A connection with the sources in the direct environment of the client such as an informal carer is important to optimize the care. The informal carer has together with the formal caregiver(s) a crucial role to support the elder with multiple problems to organise their wellbeing in the manner they prefer. This has implications for the traditional view and interaction between caregiver, informal carer and the patient. During the collaborative process knowledge needs to be developed about the implications of disease and treatment as it is crucial to adapt to the actual demand and direct environment of the client. However, to respond to what the patient actually needs is not obvious. Previous research shows that we are not always cognizant of the frame through which we see, which covers up the real need behind a question (Ceci 2006 Goossensen, 2011). This research sheds light on the 'blind spot' that creates a gap between what we see and what is actually needed in a given context. It also examines the interaction between professional and care recipient through the lens of the 'Fieldstructures of Attention' (Scharmer 2012). It is questioned whether the degree of alignment affects the degree of mutual knowledge creation that supports self-management.

### Method

In this qualitative study six caregivers from within the primary care context are interviewed, all working in a different profession. From the perspective of the care recipient, six informal carers are interviewed. In addition, two observations have been made. All this is substantiated by a thorough analysis of documents from leading players in the field of self- management.

### Conclusion

At the professional level, it is observed that different relational levels identified in the interaction between informal carer and caregiver. In addition, it is seen that the level of interaction is related to the knowledge that can be shared and exchanged. It seems that if the interaction contains features of the level of sensing (level 3: connecting) and presencing ( Level 4: co-creating) of the U-curve (Scharmer 2012), this reduces reduction and enhances alignment between the participants. This alignment facilitates mutual participation in creating knowledge to find an adequate response to the need of that given context. In the domain of well-being and welfare care needs often are not explicit. Developing an involved open and curious attitude during the interaction enables the caregiver to support self-management which may be of great value for the informal carer and the care recipient.