

FOCUS ON RESEARCH

INTEGRATING THREE PERSPECTIVES OF GOALS IN ASTHMA MANAGEMENT: THE PATIENT THE HEALTH PROFESSIONAL AND THE EVIDENCE TO IMPROVE ASTHMA MORBIDITY

Researchers

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Aim

To develop and pilot a formal method of establishing and utilising asthma patients' goals in order to reduce asthma morbidity and improve patients' ability to manage and adjust to their condition.

Project Outline/Methodology

The study took place in three phases:

Phase 1: An exploration of patients' and primary care health professionals' asthma goals

We conducted semi-structured interviews with 14 patients, 7 general practitioners and 6 nurses. We had three aims:

1. to describe the asthma management goals of the study participants
2. to highlight discrepancies between the goals of the study participants and the goals of the British Guidelines for Asthma Management
3. to identify the barriers to patients setting asthma goals in the context of the primary care consultation.

Phase 2: The development of the modified values card sort

We developed a pre-consultation questionnaire, the modified values card sort, to enable health professionals to elicit the goals of people with asthma within the consultation. The card sort is based on an evaluation of the literature on how to elicit goals, the goals of the participants in phase 1 and the views of asthma nurses from Tayside.

Phase 3: A pilot randomised controlled trial of the modified card sort

We conducted a pilot randomised controlled trial of the card sort with 6 nurses and 39 patients.

Key Results

We developed an instrument designed to establish the goals of people with asthma prior to their primary care asthma review for four reasons. Firstly, the study presented in phase 1 concluded that patient's asthma goals need to be elicited and developed – they are not present in a fully formed state. Secondly, the asthma management of the study participants seemed to focus on the use of

medication rather than on the broader range of asthma management strategies. Thirdly, the participating health professionals did not explicitly link asthma management to specific lifestyle goals for the patients. Finally, we reviewed the literature on the influence of the clinical encounter on patients' health behaviour and concluded health behaviour can be changed.

Next we successfully piloted the modified values card sort in a real-life setting. It was acceptable to the study participants. The use of the card sort was associated with statistically significant increases in the number of asthma goals discussed in the asthma consultation and in 'change talk', a marker of readiness to change, in the asthma consultation.

Conclusions

We have successfully developed and piloted an instrument to elicit patients' asthma goals.

What does this study add to the field?

The card sort addresses two of the weaknesses found in previous studies of the use of the patient-health professional interaction to change health behaviour. It is based on theory and on the goals of the people for whom it is designed i.e. people with asthma and primary care health professionals.

Implications for Practice or Policy

We have designed a pre-consultation questionnaire to help primary care asthma nurses turn policies of working in partnership with patients into practice. Further work is required before the questionnaire can be used in everyday practice.

Where to next?

A randomised controlled trial powered to detect the effect of the card sort on asthma outcomes is required. We have no plans to do this at present.

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