

FOCUS ON RESEARCH

MANAGING MINOR ILLNESS:

HOW DO PATIENTS CHOOSE BETWEEN SELF-CARE, PHARMACIST ADVICE AND GP CONSULTATION

Researchers

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Aim

To investigate help-seeking behaviour in relation to the management of common symptoms associated with analgesic use.

Project Outline/Methodology

Semi-structured, qualitative interviews were conducted with a purposive sample of 24 members of the public from across Scotland. Interview topics included management of symptoms associated with analgesic use, reasons for practising self-care and/or consulting health professionals, and attitudes to self-care. Themes relating to attitudes and behaviour were identified from transcripts of interviews. Data were searched for evidence that the help-seeking behaviour described was consistent with concepts (*domains*) often used in psychological theory to understand behaviour change.

Using data from the interviews, factors (*attributes*) that seemed to be important when people decided whether to self-care or seek advice, and that could be varied according to policy, were identified and used to develop a discrete choice experiment (*DCE* - a special questionnaire designed to examine peoples' preferences). These were "type of management", "availability" (time it takes to manage symptoms) and "cost" (of managing symptoms). Respondents were asked to choose their preferred way of managing a specified symptom scenario from a number of options that differed in the levels of these attributes. The DCE was administered by postal questionnaire to 652 participants. Respondent data underwent statistical analysis to determine the relative importance (*utility*) of the attributes, how people traded between them and willingness-to-pay for different services.

Key Results

Interviewees described a range of responses to symptoms that could potentially have been managed with analgesics, including health professional consultation and a variety of self-care strategies such as self-medication and lifestyle changes. Convenience and control were strong themes amongst those who chose to practice self-care.

Six domains from psychological theories used to understand behaviour (beliefs about capabilities,

beliefs about consequences, environmental context and resources, social influences, skills and the nature of the behaviour) seemed relevant to the decision-making process when people managed minor illness.

The DCE achieved a 57% response rate (n=326) and all attributes contributed to respondents' preferences. The preferred type of management was self-care and of the other options, pharmacy advice was most preferred. Advice from NHS24 and complementary therapy were least preferred. Respondents favoured less waiting time and paying less money. Willingness-to-pay calculations showed that self-care was valued at just less than £23 and respondents were prepared to trade between attributes.

Conclusions

For common symptoms associated with analgesic use, self-care is a popular response offering patients convenience and control. Favouring self care seemed to be influenced by a range of factors including beliefs, skills and the environment in which people lived. Type of management, time to treatment and cost were important factors in the decision-making process. For the symptoms investigated, self-care was the most highly valued management method and community pharmacy was the most valued source of health professional advice.

What does this study add to the field?

These findings confirm previous work that most people are actively engaged in managing their own health. They also suggest ways in which we can make self-care a more attractive option to the benefit of the public and the health service.

Implications for Practice or Policy

People are likely to respond well to the development of new models of service that aim to support safe and convenient self-care.

Where to next?

Further analysis and research is needed to determine whether self-care is equally favoured across symptom groups and across different sub-groups of people.

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