

- *Please cite this reference when referring to this paper:*
- *Speier, D\*, Laing, A, Hogg, G, Newholm, T, Keeling, D (2008) 'Patients, Professionals and the Internet: Renegotiating the Healthcare Encounter', unpublished paper, SDO/HSRN Joint Annual Conference, Delivering Better Health Services, Manchester, 5 June 2008.*

# Delivering better health services:

Health Services Research Network/NIHR SDO Programme

Joint Annual Conference

Manchester

5 June 2008

## **Patients, Professionals and the Internet: Renegotiating the Healthcare Encounter**

Dr Diane S Speier

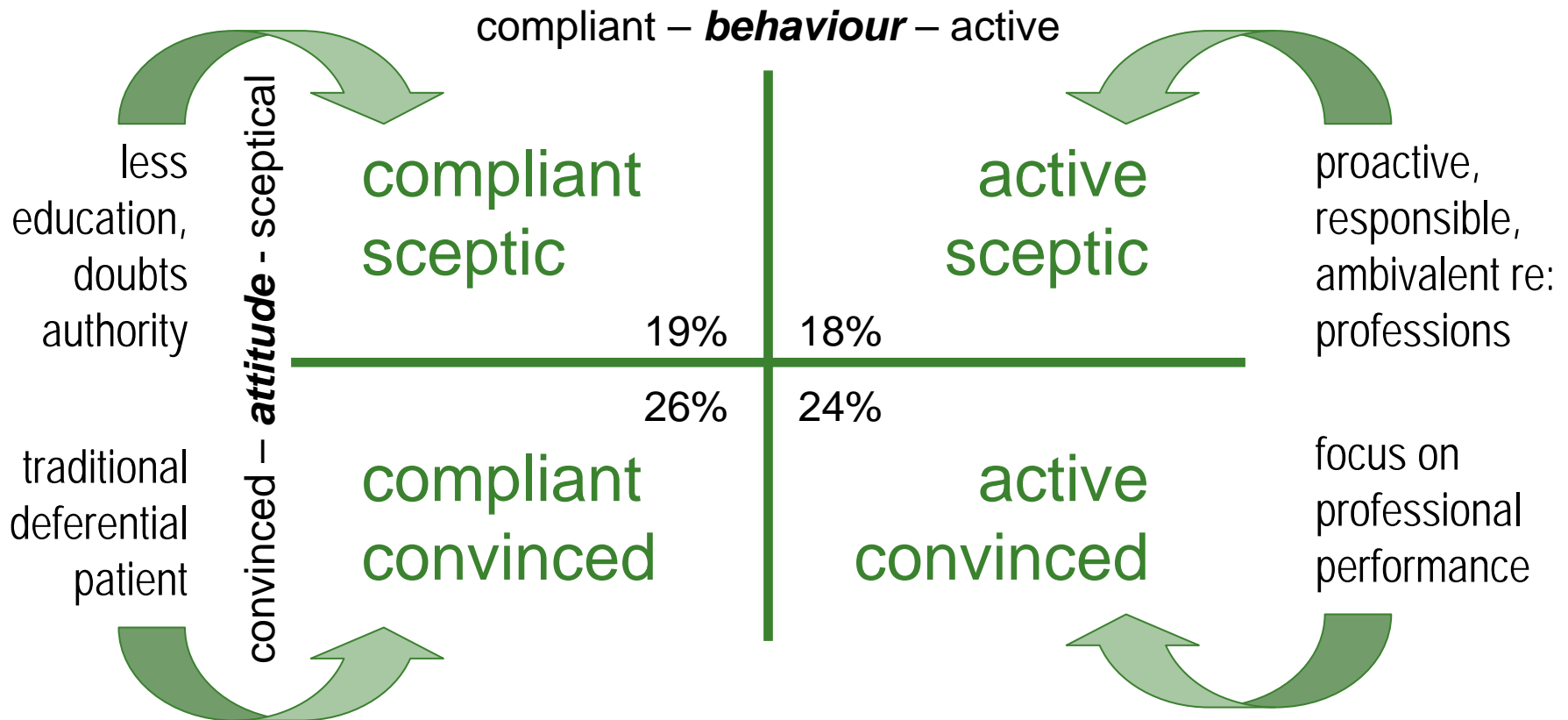
Professor Angus Laing, Professor Gillian Hogg, Dr Terry Newholm, Dr Debbie Keeling

*E-health Research Funded by the NIHR Service Delivery and Organisation Programme  
(SDO/130/2006)*

# presentation outline

- Introduce ESRC/AHRC research typology
- Explain the evolution to SDO Research
  - Research methods
- Examples of healthcare consumer types from current data
  - Preliminary data
- Renegotiating the healthcare encounter

# healthcare consumers



Laing, A., Newholm, T. and Hogg, G. (2005) 'Regulating in the Information Society', *Consumer Policy Review* 15(6) 122-8.

# balancing paradigm

taking control / taking responsibility

holding to account / accepting discourse

acquiring information / increase uncertainty

informed choice / alternatives options

(Elwyn, Edwards, Gwyn and Grol (1999), *Towards a feasible model for shared decision making: focus group study with general practice registrars*, **BMJ**, 319:753-56; Kravitz and Melnikow (2001), *Engaging patients in medical decision making*, **BMJ**, 323: 584-5; Say and Thomson (2003), *The importance of patient preferences in treatment decisions – challenges for doctors*, **BMJ**, 327: 542-5; Cantillon (2004), *Is evidence based patient choice feasible?*, **BMJ**, 329:39; Shaw and Baker (2004), *“Expert patient” – dream or nightmare?*, **BMJ**, 328: 723-4 )

# balancing paradigm

taking control / taking responsibility

▶ cedes control and responsibility to professional

holding to account / accepting discourse

▶ accepts discourse and holds 'failure' to account

acquiring information / increase uncertainty

▶ limits scope of passively acquired information

informed choice / alternative options

▶ perceives no alternatives to conventional medicine

compliant  
convinced

satisfaction is possible  
only to the extent the  
professional is directive

# balancing paradigm

## taking control / taking responsibility

- ▶ reluctantly cedes control and responsibility to professional

## holding to account / accepting discourse

- ▶ ambivalent about authority but expects professional standards

## acquiring information / increase uncertainty

- ▶ mostly passively acquired conventional information

## informed choice / alternative options

- ▶ perceives few alternatives to conventional medicine

compliant  
sceptic

dissatisfaction is likely  
but *professional  
competence has not been  
abandoned*

# balancing paradigm

## taking control / taking responsibility

- ▶ cedes control and responsibility to *chosen* professional

## holding to account / accepting discourse

- ▶ accepts medical discourse but changes professional if dissatisfied

## acquiring information / increase uncertainty

- ▶ information acquired from conventional medicine

## informed choice / alternative options

- ▶ informed choice of practitioner within conventional medicine

active  
convinced

satisfaction is possible  
with a professional who is  
perceived as competent

# balancing paradigm

## taking control / taking responsibility

- ▶ takes control and accepts some responsibility

## holding to account / accepting discourse

- ▶ ambivalent trust of professional but expects competence

## acquiring information / increase uncertainty

- ▶ necessarily acquires information and uncertainty follows

## informed choice / alternative options

- ▶ crosses boundaries on basis of perceived need

active  
sceptic

dissatisfaction is likely  
but *professional  
competence has not been  
abandoned*

## Summary of ESRC/AHRC research

- consumers with fragmented expectations of service encounter
- diverse consumer expectations are remarkably rooted
- professionals need to acknowledge diversity of ideas consumers have within their professional discourse

# Current SDO research tests the theory

## ■ Research methods

- ❑ Ethnographic observations, interviews, diary keeping
- ❑ Patients and professionals
- ❑ Longitudinal study

## ■ Conditions

- ❑ cancer (prostate and breast)
- ❑ diabetes, depression

## Preliminary data – SDO/130/2006

- > 25% of patients recruited
- Combinations of users and non- users of internet
- Interviewing of professionals has commenced
- So far, most of our participants fall into one category – *active convinced*

## Compliant convinced

- ❑ “I mean from what I’ve seen so far, they’ve been superb and ***I trust them implicitly***. The only other person I trust like that is my GP and I’ve had him a long time.” [BC-2]
- ❑ “...we were brought up – ***our generation were brought up to respect and really not question, even GPs, let alone specialists.***” [PC-2]
- ❑ “I believe what the surgeon tells me, you know, the men, ***they know what they’re talking about.***” [PC-4]

## Compliant sceptic

- ***“That was the only disappointment I had because I thought they would do – what I expected,*** I don’t know but I thought I’d get more tests than what I had,... I don’t know because I didn’t know anything about it. I was a bit disappointed reading the letter and then going because I thought oh, I’ll be there for quite a while and I wasn’t.” [PC-4]
- ***“The health service wasn’t working quite so well then*** and they took some time to give me a diagnosis.” [MC-3]

## Active convinced

- “I don’t think I could have had a better urology department than ... to start with. I mean I think they’re quite faultless and ***I do think they have a very good name for what they are doing and my experience has proved it.***” [PC-3]
- “I have got confidence in Mr ...and from all accounts ***we know nurses who have worked with him in theatre and they all rate him very highly,*** so I thought there is no point in going chasing other people ... to say ‘oh, you are alright, no problems’ and all the rest of it, just to console you...”[MC-2]

## Active sceptic

- “You know, because I mean none of these things are written in stone are they when all is said and done, because ***the goalposts move according to medical whim*** I think.” [DI-1]
- “As far as diabetes is concerned I suppose some of the stuff we picked up on the internet ***has made me wonder whether in fact I really truly am diabetic.*** I mean as you know I kick against things a little bit. While part of me accepts it, a little bit of me always kicks against stuff, especially if in my own opinion ***it’s not quite as clear-cut as it might appear to be.***” [DI-1]

## Active sceptic

- “Oh and then of course he was ***‘oh well yes, you have asked for a second opinion’*** – and he said ‘if you hadn’t gone over for this second opinion then I would take you immediately into ... and have you checked out’ which is a bit late in the day...” [MC-2]
- “And because I’d seen the deterioration in ..., it was going to take like six months before we were going to be called, so ***we decided, much against our will, to go private***” [MC-3]

# Implications

- Renegotiating the healthcare encounter
  - Diversity of healthcare consumers
  - Matching expectations and service provision
- Personalised care requires knowing the attitudes and behaviours of healthcare consumers
  - typology can be a valuable tool

## Next Steps – looking towards analysis

- Data analysis explicates how typology holds for healthcare consumers using the internet
  - Consultations analysed for factors of interactions
- Evaluate the impact of the internet on the healthcare encounter
  - Which types incorporate the internet? How?
- Develop guidelines for integrating internet use into the healthcare encounter