Strategies informing self-care decision-making

A project funded by the Sharing Health Care Initiative
Department of Health and Ageing
Research team

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Through our mixed methods study we have extended our knowledge base within targeted groups about the patterns and prevalence of trial and error practices as a self-care decision-making strategy. Our findings support our hypothesis that trial and error as a personal self-care strategy has the potential to influence social, health and functional outcomes for people with chronic conditions including their health care usage and health care costs. This research was the first systematic study to be conducted of trial and error practices used to guide everyday decision-making of people living with chronic conditions.
We have been able to take advantage of the data linkage possible from the structured large database of NWAHS. We have considered this database as a new source of evidence. Through the grant we have developed the means of ongoing searching of this database for patterns and clinical insights. We have used NWAHS as a sampling frame to undertake qualitative interviews.
• People with chronic conditions want to live as well as possible and be in control of their lives. They take risks and learn from their mistakes and make different and varied decisions everyday which impact on their health outcomes.
WE PROVIDE

• We provide a different understanding of self-care to inform health professionals and policy makers about how best to support targeted groups of people with chronic conditions to effectively manage their health status.
HEY I THOUGHT WE WERE WORKING ON THE SAME DATA
We understand self care as a personally constructed process that evolves from the experience of people living their life with chronic conditions. From this process emerges an authoritative knowledge that evolves from living with the disease over time and living with a complex interplay of mediating and contextual influences.
Trial and error

- Trial and error is not an accidental learning strategy
- Trial and error practices are a personal self-care decision-making strategy to assist an individual to make sense of what is/is not possible for them to do in everyday circumstances.
This Study – Stage 1

• We were asked by the Department of Health and Ageing to profile six different groups namely: greater than 65 years; less than 30 years; lowest SEIFA quintile; NESB; Carers and Veterans.

• We produced de-identified datasets
Display demographics and socio-economic status (income, education, specific occupation); health risk factors; self-reporting of chronic health conditions and biomedical measures; mental health status (General Health Questionnaire and CES-D), psychological distress (Kessler 10) and general health status (Short Form 36); activity levels, smoking, quality of life, medicines (prescription, over the counter and complementary); BMI, cholesterol level and PBS medication dispensing data, and MBS and state-based hospital health service administrative data.
Stage 2

• We conducted semi-structured interviews with participants from the targeted profile groups interviewing 10 participants from each of the targeted groups.
Stage 3

- We conducted a national epidemiological population-based survey of 3,000 people informed by Stage 1 & 2.
- Analyses compare a wide range of descriptive variables. We compare people with and without a chronic condition (as determined by self-report). We also compare people, who self-report their use of trial and error with their health and those who do not, with selected variables of interest.
- Analyses use chi-square to determine whether there is a statistically significant difference between the observed and expected frequencies in categories, with p<0.05 the appointed level of significance.
A sense of control

• Trial and error practices are a choices people make of their own volition. This approach has the potential to provide a greater sense of control to people about what happens in their everyday situations compared to being told what to do by health professionals.
The latest research shows that we really should do something with all this research.
• How best to influence and inform health care policy about trial and error as a self-care decision-making strategy for different profile groups?
Foregrounding trial and error

• How best to influence and inform education and professional development for those persons, who work with, people with chronic conditions from the different profile groups?
Please let us know...

Thank you

Please send on any thoughts, questions or concerns to:

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