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patient behaviours
Up Close: Reasons why parents attend their general practitioner when their child is sick

Dr Mohna Sharma
Prof. Tim Usherwood

Department of General Practice
Sydney Medical School
The University of Sydney
at Westmead Hospital
Child Health Study

• Aims to explore reasons prompting parents of sick children to visit their general practitioner in the Australian community

• Attempts to define factors influencing this decision-making process through a semi-structured qualitative interview method

• The questions in the interview address details of the child’s illness, parental concerns, beliefs, social expectations and actions undertaken prior to the consultation.
Background:

- Approximately 12% consultations in general practice are for children attending with their parents, yet not all childhood illnesses are brought to medical attention.

- The reasons prompting parents to seek medical attention in the Australian context are unclear from current literature.

- International studies suggest non-clinical reasons for GP visits.
Current Literature:

• A Dutch study [Uijen et al 2008] found only 27% children aged <18 years with cough, sore throat or ear-ache attended their GP

• The probability of consulting increased with:
  
  ❖ Younger age
  ❖ Co-existing fever
  ❖ Increased duration of symptoms
  ❖ Living in an urban area
  ❖ Parental worry
  ❖ Cueing by another person
Other studies have identified triggers for consulting were:

- Parents need to re-evaluate their situation
- Their own theory about their child’s symptoms
- Fear of an unknown illness
- An earlier illness experience
- Sense of responsibility towards other people
Research Question:

What reasons do Australian parents give for the decision to seek help from a General Practitioner when their child is sick?
Method:

• Four practices in western Sydney & Blue Mountains

• Receptionists handed out Patient Information Statements and Consent forms to parents with sick children

• Invited for 10-15minute qualitative interview

• Interviews tape-recorded and transcribed

• Thematic analysis was undertaken
Interview topics:

1. Description of child’s illness
2. Actions taken prior to medical consultation
3. Concerns about present illness leading to visit today
4. Other actions considered but not pursued
5. Beliefs and social expectations relating to consult
Progress to date:

- Eleven interviews from four GP practices

- Concurrent analysis will cease when no additional insights

- Analysis is being undertaken from the perspective of the Theory of Planned Behavior

- Theory of Planned Behavior posits that human behaviors are governed by beliefs about the likely consequences of an action, social expectations and the need for a sense of control
Theory of Planned Behavior
(Ajzen & Madden, 1986)

- Attitudes
- Subjective Norms
- Perceived Behavioral Control

Intentions

- Behavior
Child Health Study:

• A sick child triggers the desire (intention) to visit GP (behavior) which is considered a beneficial task by the parent (attitudes)

• The social pressure to do “the right thing” (subjective norms) and ideas about degrees of success with a GP visit (perceived behavior control) are influential factors in this decision

• Freedom and willingness to visit the GP is limited by time, cost, and support of others (actual or perceived behavioral control)
Early Themes:

• There is evidence of **parental anxiety** provoked by personal beliefs and ideas about the pattern of illness

...“I wouldn’t have brought her if it wasn’t for the pus on her tonsils. I’ve been checking her throat to see what it looks like, how red it is! But if she didn’t have the pus I would have left her home, yes...!

...“It’s more the high temperature, he’s just a little lifeless today..., don’t want him to get worse.. I know everyone else has ended up on antibiotics
• Previous **experiences of self and acquaintances** influence decision to see the GP in many situations

...oh he’s got a nasty cough. I’ve heard a horror story recently about a child inhale an almond when they were screaming and it lodged in. So I’m being over cautious...

...I noticed a lot of hair appearing on her body, I was just a bit concerned because as a child I had this hormonal irregularity so I left it for a while … then I looked online which I should not have done and decided to just ask about it …
• Decisions are often **made in collaboration with a spouse, family member or friend**

…It’s comforting for one, when you hear somebody’s had the same problem or is going through the same thing, it makes you worry less…

…I rang my husband, I was a bit hysterical..., I mean with the blood on the baby..., I got him home and now are here…

…If someone’s been through the same issues it’s easier to talk to them to see if its worthwhile bringing your child in ....
• A deviation from previous experience or expectations was a significant factor in opting to consult medically.

…I can tell the difference, with the asthma you can’t breathe but you can hear it in his chest and nose. And his stomach is very drawn in.. This is something different…

…The fact that his ear hurts and he can’t hear out of it today…, if its an ear infection it will need some medicine…
• **Availability of resources and options** affected the decisions parents made about visiting their GP

…the problem is its Friday and if it got worse over the weekend, we wouldn’t then be able to get a doctor till Monday so we probably got to a different doctor because these guys aren’t open… if it wasn’t Friday I may have left it another day to see how it went….

…if I didn’t get in today, I probably would have got him checked out over the weekend at one of the medical centers at Penrith just for my peace of mind…, but if it’s a bad attack then we are off to the hospital…
• It is evident that parents consult their **GP for reassurance, guidance and prevention strategies**

... The internet gave me a picture of what this could be. But I guess I just wanted to talk to someone a bit more knowledgeable than I was, to point me in the right direction, to where to go next and what to do...

... it’s a bit confusing with the lactose problem because I don’t know if it is the protein or lactose that she is sensitive to. Just want to get a bit of guidance from the doctor, on how to try it and how much we should give her... or should we just wait...
Implications:

• Awareness and understanding of the decision-making processes leading to GP visits will significantly improve the quality of primary care for patients within general practice.

• This information will also contribute towards the training of both medical students and new GP registrars.

• The results of this study will provide an Australian perspective to current literature and shed light on the background to general practice consultations.
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