Exploring patient and carer perspectives on asthma self-management: a qualitative study from the IMP2ART programme

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Background
Supported self-management for asthma reduces use of healthcare resources, improves asthma control and quality of life.

Implementation requires understanding of patients beliefs

Implementation

Aim
- To explored how patients and carers learn to manage their asthma,
- To explore perspectives on the support they need for successful self-management

Results

Personal experience of asthma over time is influenced by patient and healthcare factors.

Patient centred care was highly valued and desired

Habits
At any one time, an individual may have self-management behaviours which have become habits; for instance taking an inhaler.

Summary of findings

- Participants described how they learned to deal with asthma over time, gaining empirical knowledge over years, often by trial and error.
- Their experience was also influenced by knowledge received from healthcare professionals, and lay sources such as friends or the internet.
- As a result of the multiple factors influencing an individual’s personal experience of asthma, different strategies of self-management were reported.

Implications

- To successfully implement optimal asthma self-management the routines provided by general practice need to be sufficiently flexible and personal to synchronise with patient’s self-management behaviours
- Self-management education (with an action plan) has particular value early after diagnosis as habits and coping strategies are being developed
- Action plans may support decision making in unusual or unexpected situations.
- Recognising – and addressing - the role of habit is an important challenge for achieving behaviour change
- Findings from this qualitative study will inform the development of a whole systems approach to embedding optimal asthma self-management in routine care

Methods

5 focus groups and 32 interviews with 49 patients (14 male) from 10 UK general practices
- 65% had never received an action plan
- 41% had asthma symptoms less than monthly
- 31% had had an asthma attack in the previous year

The topic guide addressed how their strategies for managing asthma evolved, their experiences of healthcare and views on supported self-management

Analysis was informed by Leventhal’s ‘common sense’ theory of self-regulation and theories of habit formation

Learning to manage asthma occurred over time

Reflective skills
New or uncommon situations (like a deterioration in asthma symptoms) required learned abilities that could be put into action when needed; an action plan could form a key component.

[Describing an action plan] You would be in a panic but I think to have something in front of you to say “this is what’s happening to me, I need to do it now.” P012, >65 years

Patient factors
- Age of onset
- Severity of asthma
- Co-morbidities
- Family relationships
- Social relationships
- Locality of control
- Perception of self-efficacy

Personal Experience of asthma over time
- Using medication
- Trigger awareness
- Receiving knowledge
- Action plan
- Gaining empirical knowledge

Schema of the key themes and their relationships

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