

(4) HEALTH, ILLNESS AND SEEKING HEALTH CARE

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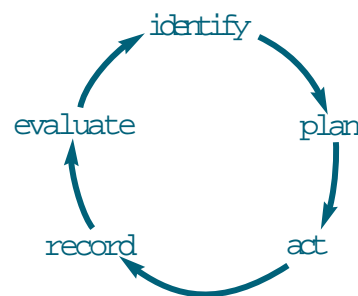
This article examines how individuals' responses to ill-health, including consultation with health care professionals, are largely determined by social factors



identify gaps in your knowledge

1. What is health?
2. Why do we need to understand people's beliefs in health and illness?
3. What factors influence an individual's response to illness?

This article relates to the principles and methodologies of social science relevant to pharmacy. This topic has been included in the Royal Pharmaceutical Society's latest indicative syllabus for pharmacy (available at: www.rpsgb.org.uk/pdfs/eddegnewreq.pdf). You should consider how it will be of value to your practice.



Typically, pharmaceutical services are based on the biomedical model of health and illness which describes the body as a complex machine: physiological malfunctioning causes ill-health and medicines serve to correct malfunctions. However, health cannot be defined merely as the absence of disease. Social and psychological elements are equally important. This is captured in the 1984 World Health Organization definition of health, which clarified and extended the frequently quoted 1948 definition:

- 1 WHO 1948: Health is a complete state of physical, mental and social well-being and not merely the absence of disease and infirmity
- 1 WHO 1984: Health is the extent to which an individual or group is able, on the one hand, to realise aspirations and satisfy needs; and on the other hand, to change or cope with the environment. Health is therefore seen as a resource for everyday life, not the object of living; it is a positive concept emphasising social and personal resources, as well as physical capacities

"Disease" refers to pathological processes that impair bodily function. "Illness", on the other hand, is a socially defined concept, referring to a health state that deviates from what is considered normal in a given community. So what constitutes illness may differ between communities. Understanding people's beliefs about health and illness and their associated behaviour (ie, how they experience and interpret symptoms) is pivotal to effective pharmaceutical care.

HEALTH BELIEFS

Pharmacists regularly deal with individuals who have a disease but do not consider themselves ill (eg, those in the early stages of cancer). Similarly, regarding oneself to be ill does not necessarily equate with suffering a disease (eg, hypochondria). Ill-health is subjective and depends on biological and social factors. Beliefs also change over time. For example, affluent women with tuberculosis in the 19th century, though undeniably diseased, were held to possess certain characteristics (a pale complexion and melancholic air) "desirable" in women.

Sociologists' interest in what people think and say about health and illness dates to the 1960s and has resulted in a variety of studies. Individuals' ideas of health and illness have long been referred to in sociological literature as "lay beliefs" as opposed to scientific, professional beliefs. Research into lay beliefs in the western world has found that these are not simply crude distortions of medical knowledge but frequently display a logic and coherence every bit as sophisticated as that of biomedicine. For instance, arthritis may be ascribed to a particular life-event, such as wartime service.

ILLNESS BEHAVIOUR

In biological terms, the study of illness is the exploration for an underlying disease. In sociology, however, the concern is with illness behaviour. Illness behaviour is an active rather than passive process that involves interpreting symptoms, evaluating possible responses and, finally, deciding on whether to try to alleviate those symptoms or simply to ignore them.

Informal referral systems Obviously, illness behaviour is influenced by the individual's interpretations of an appropriate response to symptoms, but an individual's response is seldom made in isolation from the consideration of others, and most often follows discussions with family members, friends or colleagues (ie, a collective influence exists). Further, one person may even initiate action on behalf of another when, for instance, symptoms are particularly serious or when the sufferer is incapable of self-help. Freidson¹ has referred to this network of family and friends as the "lay referral system".

Perception of symptoms The way in which symptoms are perceived (and therefore acted upon) is also influenced by previous experiences of illness, defined according to the prevailing norms and values of a society. It is not the symptoms themselves that are

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significant in comprehending illness behaviour, but the way in which they are defined. Symptoms considered to be normal in one context may be considered abnormal in another, prompting a search for explanations. For example, in a community whose members are mainly employed as labourers, lower back pain is the norm and viewed as a “fact of life”. In contrast, those in more sedentary jobs may perceive comparable back pain as necessitating specialist health care. This “normalising” process is a common part of everyday life.

The sick role Because of its potential to disrupt the stability and cohesiveness of society (the social order), illness is often viewed as a deviant behaviour that needs to be controlled. This control, it has been argued, is exerted through the regulatory features of what is termed the “sick role”. While scientific evidence determines whether or not we have a disease, it is the social community that determines whether we can legitimately consider ourselves as ill.

The sick role, postulated by Talcott Parsons (1902–79),² is a form of behaviour deemed appropriate to those encumbered by illness. It is a temporary state, to which entry and exit is legitimised by the medical profession using objective, scientific criteria to define and treat illness. Taking on a sick role benefits individuals in two ways:

- 1 They are able to gain exemption from their normal roles, such as employment or domestic work (often sanctioned by a doctor's sick note)
- 1 They are not held responsible for their illness

However in return for these benefits, patients are expected to fulfil two obligations:

- 1 They should recognise that the sick role is only a temporary state that they must want to leave (ie, they must want to get well)
- 1 They must co-operate with competent health professionals (eg, by complying with medication regimens)

Abuse of the sick role by, for example, feigning illness or not fulfilling its obligations, places the cohesion of the social order under considerable strains.

The sick role concept has many shortcomings, for instance, complete recovery is not always possible and some illnesses carry stigma for the afflicted. Nevertheless, as a theoretical model, the sick role does alert us to the fact that sickness is not a passive biological state, but an active social role. Moreover, because the model is an ideal type, it does not necessarily correspond with empirical reality, but provides us with a device against which we can assess actual illness behaviour and experience.³ For instance, we can see how pharmacists, through providing advice, counter prescribing and referral to other health practitioners, contribute to the sick role by sanctioning illness and providing the patient with the means, through appropriate treatment, to leave the role.

Significantly, Parsons's concept of the sick role was established during an era characterised by health professionals' dominance over



Response to symptoms is largely determined by social factors

compliant patients. Today, where the power dynamic between patients and health professionals has changed and individuals are increasingly asked to take responsibility for their own health, it has been suggested the sick role is now only ascribed by a person's immediate social community and that it is more relevant to speak of the patient's role in health care.

RESPONSE TO ILL-HEALTH

It is commonly thought that symptoms serve to trigger an individual's return to health (normality) by prompting them to do something about their ill-health (eg, consult a pharmacist). However, the presence of symptoms and their severity are not the only determinants of the uptake of health services: social factors play a key role in help-seeking behaviour.

Within any social environment, different cultures coexist and cultural differences may be significant in shaping how individuals interpret and respond to their symptoms. For instance, in a classic study conducted in New York, Zborowski⁴ described how patients of Old-American or Irish origin had a pragmatic attitude towards pain and, when it was particularly intense, tended to withdraw from the company of others. In contrast, individuals from an Italian or Jewish background were inclined to seek sympathy and tended to be more demanding and dependent as patients.

How people make sense of, and respond to their symptoms, can in some circumstances be a matter of life or death. For example, a study on seeking help for myocardial infarction found that 40 per cent of patients who experienced symptoms delayed calling for help for more than four hours.⁵ Another study revealed some of the reasons for delay.⁶ Symptoms, typically chest pain, were sometimes considered to be “familiar” (ie, were normalised) and it was only when they became significantly more severe that they were perceived as being abnormal. Additionally, symptoms were interpreted as resulting from benign illness, for which tried and tested strategies, such as taking an oral medication or resting, were used.

Some of the factors influencing an individual's response to ill-health are shown in Panel 1.⁷

SEEKING FORMAL HEALTH CARE

Today it is recognised that, instead of being presented to health professionals, many symptoms are ignored, tolerated or self-treated: a phenomenon known as the “symptom iceberg”.⁸ In a recent study⁹ of over 1,000 adults in Britain, 91 per cent had experienced at least one ailment during the previous two-week period (average = 5.2 ailments). Just under half (46 per cent) dealt with their symptoms by taking no action, 32 per cent used an over-the-counter product or previously prescribed medication and 9 per cent used a home remedy, such as a hot-water bottle. Ten per cent saw a doctor or dentist and only 1 per cent sought advice from a pharmacist. The symptom iceberg has significant implications for health care delivery, reveal-

PANEL 1: FACTORS INFLUENCING AN INDIVIDUAL'S RESPONSE TO ILLNESS⁷

- 1 Symptom visibility and perceived importance
- 1 An assessment of the symptom's significance, ie, a risk assessment
- 1 The potential for the individual's symptoms to disrupt the community
- 1 Symptom denial for fear of confirmation of serious disease
- 1 Deferring response to symptoms for competing demands (eg, work or family commitments)
- 1 An assessment of the social and economic costs of responding to symptoms, against the potential health-related benefit
- 1 Available information, knowledge and cultural assumptions and understandings of the evaluator
- 1 Frequency and persistence of symptoms
- 1 Competing interpretations of the symptoms

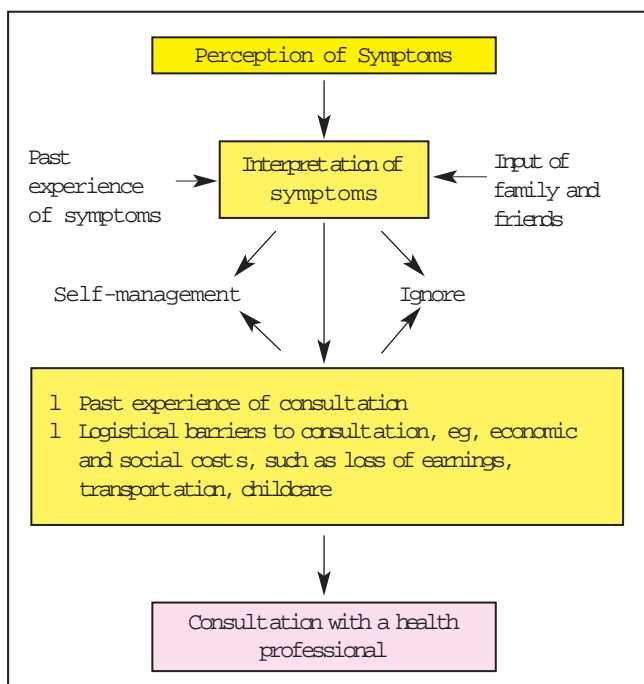


Figure 1: Consultation as a social process¹¹

ing a reservoir of untreated symptoms within the community, many of which could potentially be dealt with effectively by pharmacists.

Seeking professional help partly depends on how “close-knit” the lay referral system is: that is, the extent to which an individual is in close, regular contact with its members and shares its predominant values and attitudes to formal health care.

The American sociologist, Irving Zola,¹⁰ established five circumstances where symptoms may trigger an individual to consult a health professional:

- 1 Symptoms that impair or interfere with normal daily activities
- 1 Symptoms perceived to interfere with social or personal relations
- 1 Symptoms previously barely discerned which assume greater significance following an interpersonal crisis, such as unemployment, divorce or bereavement
- 1 Symptoms, not necessarily worsening but persisting beyond an arbitrary time limit, eg, “I’ll go and check out my symptoms with the pharmacist if they don’t clear up by Friday”
- 1 Symptoms perceived by family and friends as warranting seeking professional health care

A feature of contemporary health care is the diverse sources of help available. For example, an individual who feels unwell may consider contacting a general practitioner, an NHS walk-in centre, NHS Direct, NHS on-line or other websites, a complementary therapist or a local pharmacist. The public now has easy access via the internet to a range of specialist information, previously only available to professionals. The capacity exists today for individuals to adopt this information in their interaction with health professionals, in what is increasingly characterised as a consumer-service provider relationship. Such developments have important implications for understanding how people seek health care, as they are increasingly encouraged to do so, not as disempowered patients, but as consumers of health services. One consequence is the emergence of the “worried well” (individuals who seek reassurance, medication or request diagnostic tests even when well). Such behaviour is increasingly commonplace, as the heightened awareness of potential illness often encourages the inappropriate seeking of health care.

On the other hand, talk of patients as consumers may be overly simplistic. Patients who have grown up with the paternalistic model of health care may feel unable or unwilling to assume the role of health consumer or to challenge a health professional’s authority. Many prefer instead, to remain passive in their encounters with health professionals, such that much illness is still treated in accordance with the Parsonian sick role model.

action : practice points

- 1. Consider what factors would influence you to seek formal health care.
- 2. List three ways of melting the symptom iceberg.
- 3. Write down three things that might make people reluctant to “ask the pharmacist”.

evaluate

How could your learning have been more effective?
What will you do now and how will this be achieved?

Figure 1¹¹ summarises the range of factors that influence an individual’s help-seeking behaviour.

THE IMPORTANCE FOR PHARMACISTS

A key feature of policy developments to promote pharmacists’ contribution to health care has been to encourage the public to engage pharmacists in assisting them to manage their symptoms. The success of such a strategy requires an appreciation that the symptoms have already been “interpreted” before help is sought from the pharmacist. Individuals routinely normalise symptoms, only seeking help when they appear particularly out of the ordinary and when the perceived benefit outweighs the social and economic costs. Thus, when pharmacists consider their response to a patient’s symptom(s), they should be cognisant that in seeking advice and/or medication that individual has already “responded” to that symptom. For pharmacists then, an understanding of lay health beliefs and illness behaviour:

- 1 Enhances their understanding of the social impact and meaning of health, disease, and illness
- 1 Enhances and informs the pharmacist-patient/carer relationship
- 1 Allows the development of realistic approaches and strategies in health education and promotion
- 1 Allows the development of appropriate pharmaceutical services based on, and tailored towards, the needs of service users

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