THE BENEFITS OF HEALTH CARE BEYOND HEALTH: AN EXPLORATION OF NON-HEALTH OUTCOMES OF HEALTH CARE

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Preface

The sources of written information used in this thesis are the publicly available databases MEDLINE, CINAHL, PSYCHINFO and ECONLIT. Ethics approval for the research described and reported in Chapter 5 was obtained from the Central Sydney Area Health Service Ethics Review Committee and for that described and reported in Chapter 6 from the University of Sydney Human Ethics Committee. All research participants received written information sheets regarding the objectives and process of research and signed consent forms were received from all participants. I declare that the entire thesis is original work carried out by me, Marion Ruth Haas. None of the work carried out for this thesis has been submitted for any other degree.
Summary

Recent interest in identifying and measuring health outcomes represents an advance in our understanding of how health care for individuals should be evaluated. However, the concept of health outcomes has mainly focussed on improvements in health status. Non-health outcomes of health care may also be important to patients. In this thesis, four tasks were undertaken with the aim of identifying non-health outcomes and establishing the extent of their relevance and importance to patients. First, the illness experience literature was reviewed to identify potential non-health outcomes. Seven categories of non-health outcomes were identified: information, being treated with dignity, being able to trust the health care provider, having distress recognised and supported, participating in decision making, legitimation and reassurance. Second, to gain an in-depth understanding of these concepts, topic-specific literature was reviewed and synthesised. Third, in order to confirm how relevant and important the concepts were to patients, a qualitative study was conducted with each of two different groups of health service users. Broadly, patients considered that all the non-health concepts were relevant, although the extent to which they were important varied. Fourth, to test the relative importance of the seven concepts, a Stated Preference Discrete Choice experiment in the context of general practice was conducted. This study showed that most people thought their GP demonstrated behaviour likely to result in the production of non-health outcomes. The results showed that although all the non-health outcomes were, to some extent, preferred by respondents, trust was most important, followed by legitimation and recognition of and support for emotional distress. Once again, these results point to the importance of context in the evaluation of health care from the patient’s perspective. While still being perceived as positive aspects of health care, the provision of information and acting autonomously or participating in decisions about their health care were the non-health outcomes considered least important by patients.
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