

Assessing Family Physicians' Awareness of, Attitudes about, and Informal Referral Practices to Self-Help Groups

Results from a Pilot Study in the Capital District Health Authority



Overview

- Self-Help Group Defined
- Rationale for the Study
- Research Question
- Research Methods
- Results and Discussion
- Conclusion and Future Directions
- Acknowledgements

Self-Help Group Defined

- Voluntary gatherings that are organized and led by individuals who have experienced or are experiencing a similar health problem or life situation.
- Practical help and emotional support given by individuals to each other by sharing their experiences, tips for coping, and information.
- “Getting help, giving help, and learning to help oneself” (Institute for Health Promotion Research, University of British Columbia & Self-Help Resource Centre of Greater Toronto, 1999, p. 1).



Rationale for the Study

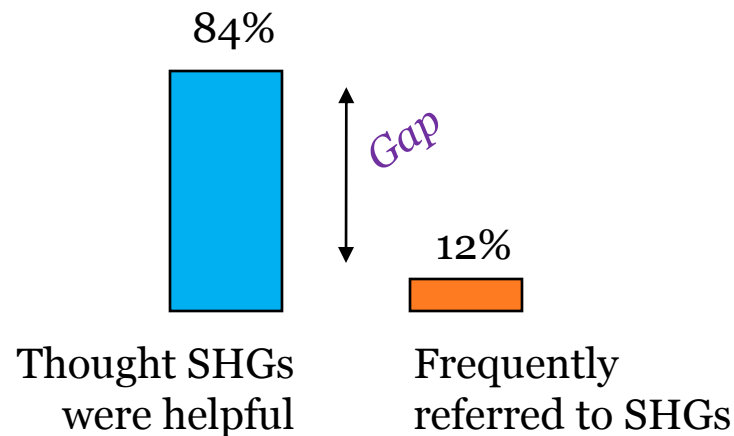
- Family Physicians (FPs)
 - Gatekeepers of Health Care Resources

- Self-Help Groups (SHGs)
 - Underutilized Resource
 - Numerous Health Benefits
 - enhanced social support network
 - improved confidence/self-esteem and ability to cope
 - better health literacy
 - increased sense of belonging and hope
 - decreased psychological distress
 - reduced symptoms and hospital visits/length of stay
 - overall improved quality of life
 - Cost-Effective

Rationale for the Study

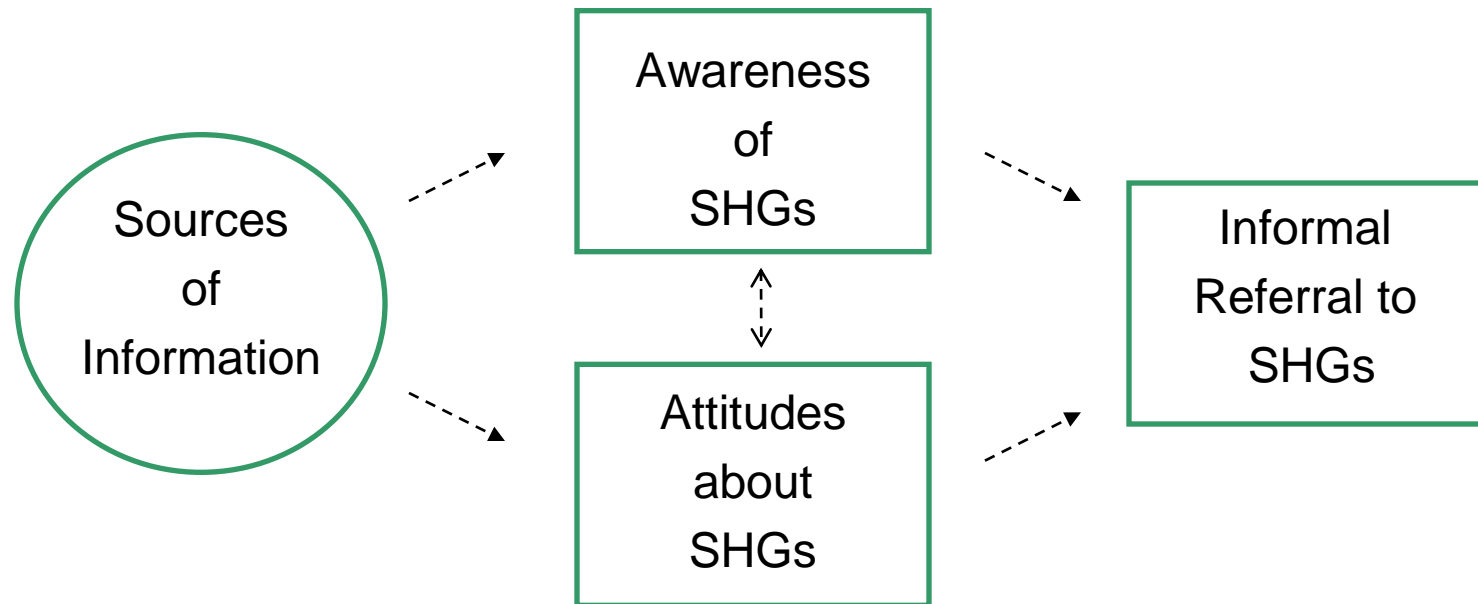
■ Review of Literature

- Health Professionals affect SHG Participation
 - Influence the awareness of SHGs among public
 - Influence whether public considers SHGs worthwhile to attend
- FPs' Interface with SHGs
 - One study done in Ontario by Gray et al. (1998)



Research Question

What if anything influences the informal referral to self-help groups by family physicians practicing in Capital District Health Authority, Nova Scotia?



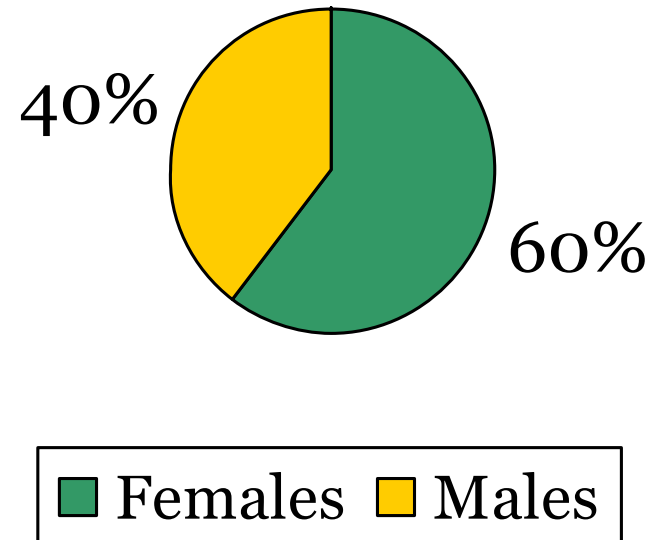
Research Methods

- Pilot Study -- Questionnaire Development
- Sample
 - 400 Family Physicians in CDHA
- Distribution
 - Attached to the January *Primary Care Update*
- Data Collection
 - Postage-Paid Reply Envelopes
- Data Analysis
 - Questionnaire Responses
 - Questionnaire Revisions

Results and Discussion

Demographics

- 40 FPs
- 24 Female, 16 Male
- 80% \geq 15 Years Practice
- 72% Urban

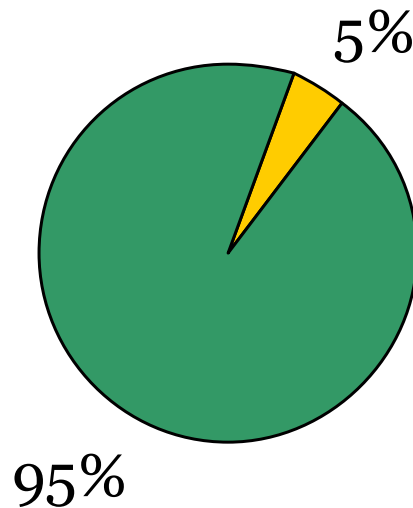


Results and Discussion

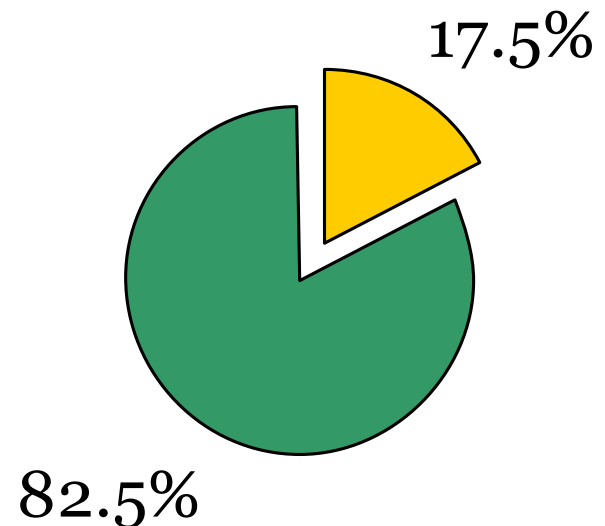
Are FPs aware of SHGs?

In General

Based on Responses to Question 4*



In CDHA

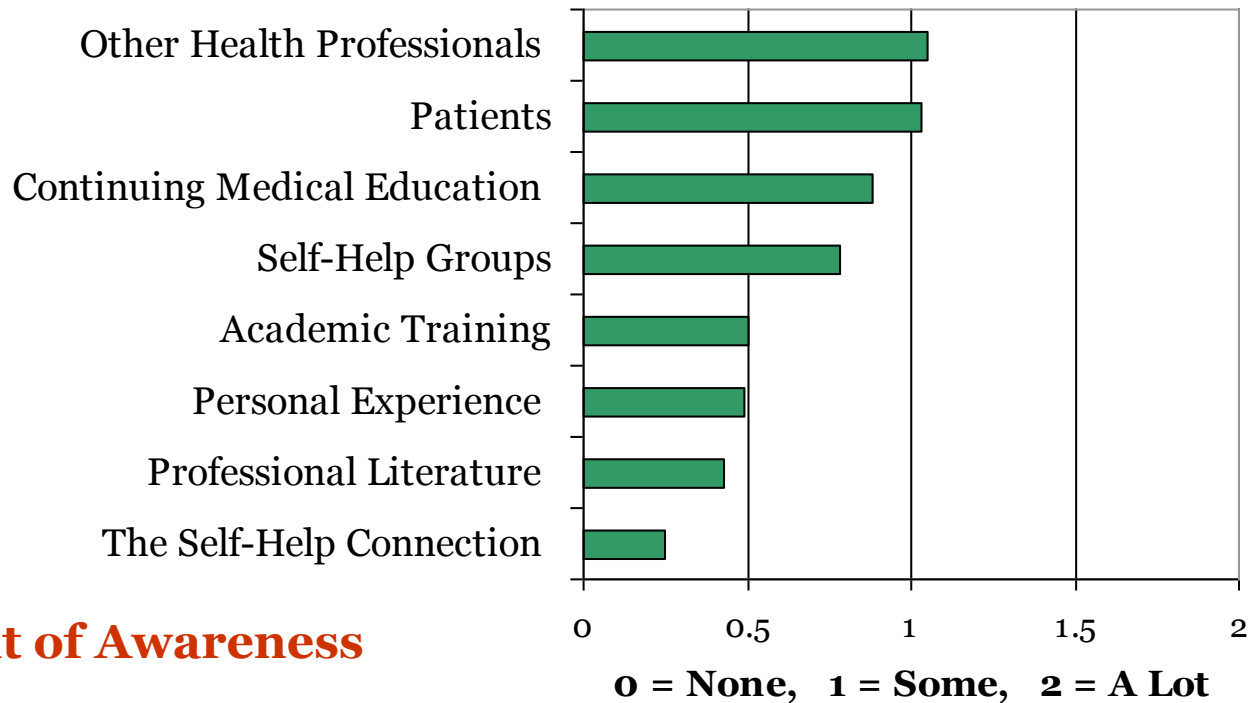


*see original questionnaire



Results and Discussion

From what sources have FPs gained awareness about SHGs?



Extent of Awareness

Mean Score = 0.68



Results and Discussion

What are FPs' attitudes about SHGs?

5 = Very Helpful

4 = Helpful

3 = Neutral

2 = Harmful

1 = Very Harmful

Mean Score = 3.79

(Standard Deviation 0.504)

Addictions (12 step group)	4.51
Addictions (general SHG)	4.20
Cancer	4.00
Bereavement	3.89
Diabetes	3.89
Chronic pain	3.78
Caregiving/parenting	3.75
Mental illness	3.71
Physical abuse	3.68

Results and Discussion

What are FPs' attitudes about SHGs?

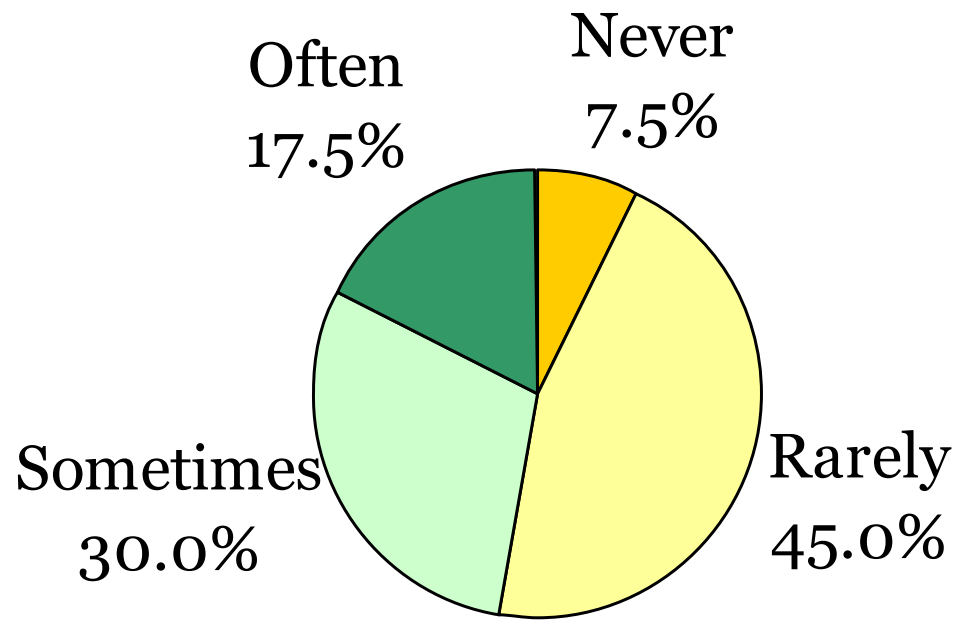
5 = Very Helpful
4 = Helpful
3 = Neutral
2 = Harmful
1 = Very Harmful

FPs' Mean Score = 3.79 (Standard Deviation 0.504)

Eating disorders	3.68
Separation/divorce	3.64
Stress/anxiety	3.64
Cardiovascular disease	3.61
Sexual orientations	3.61
Respiratory illnesses	3.59
Communicable diseases	3.55
Sexual abuse	3.53
Physical disabilities (injury)	3.48

Results and Discussion

How often do FPs mention SHGs to their patients?



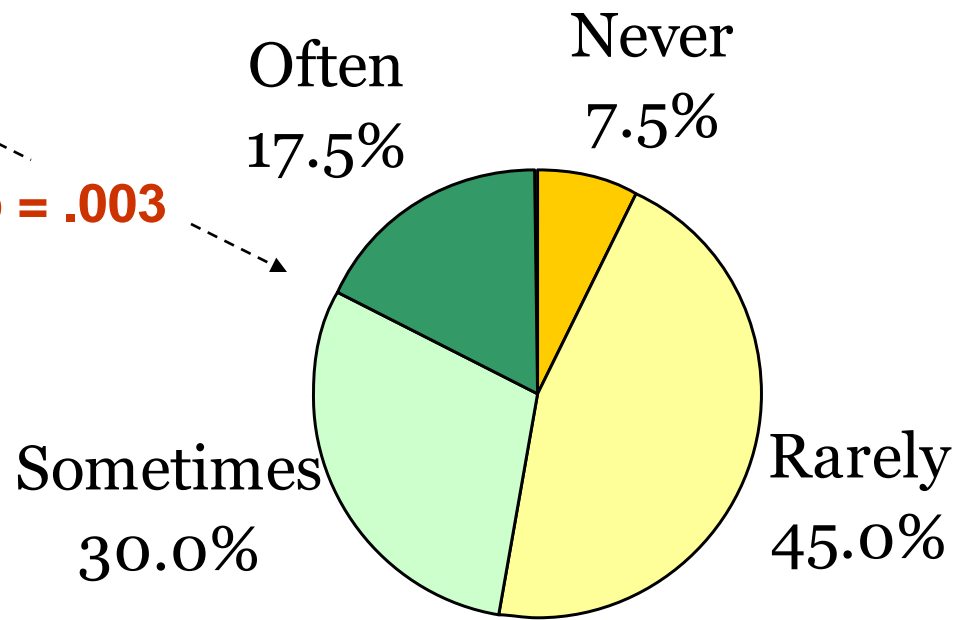
Results and Discussion

How often do FPs mention SHGs to their patients?

Awareness
of
SHGs

$p = .003$

**Positive relationship
between extent of
awareness and
frequency of
informal referral**



Results and Discussion

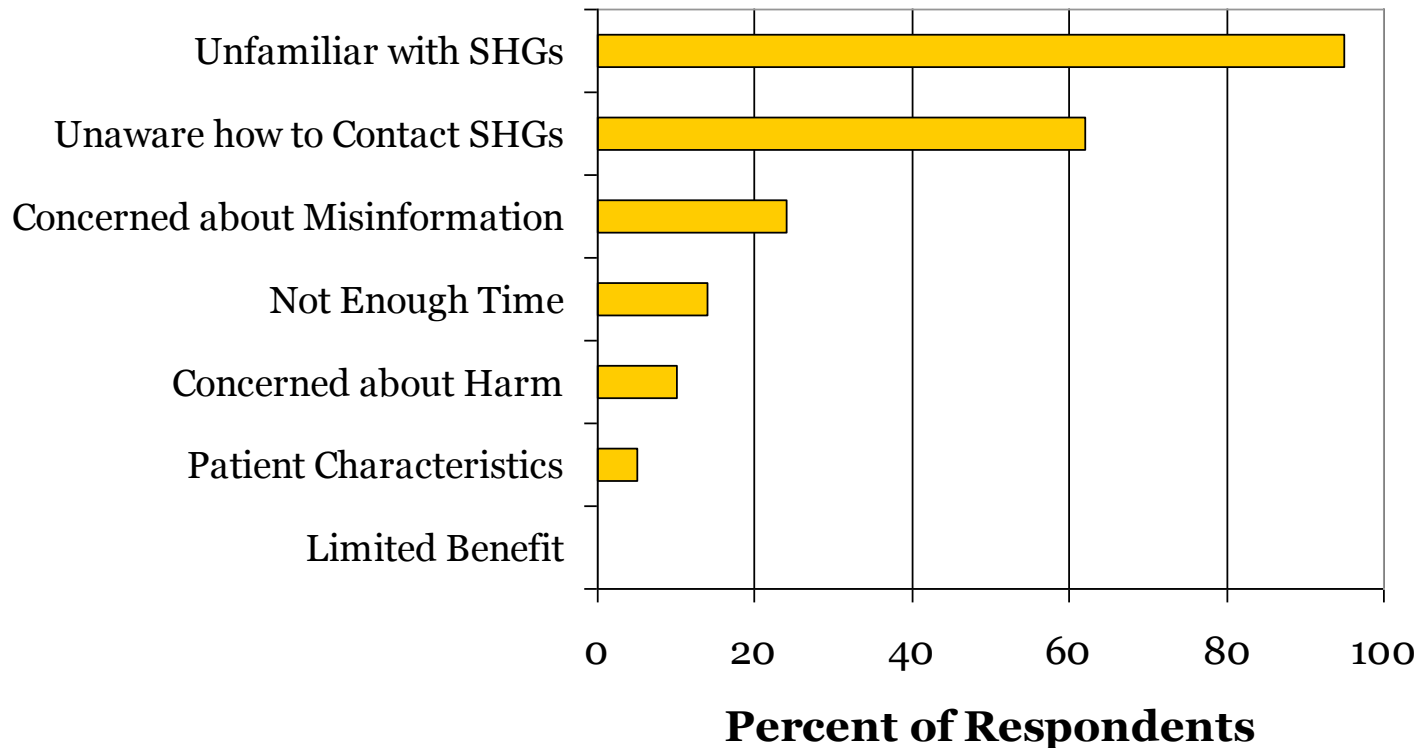
How often do FPs mention SHGs to their patients?

For Specific Problems/Situations, FPs Refer:

- Between Sometimes and Often
 - for patients dealing with addiction
- Between Rarely and Sometimes
 - for patients dealing with cancer or bereavement
- Between Never and Rarely
 - for patients dealing with all other health issues that were listed on the questionnaire (see original questionnaire)

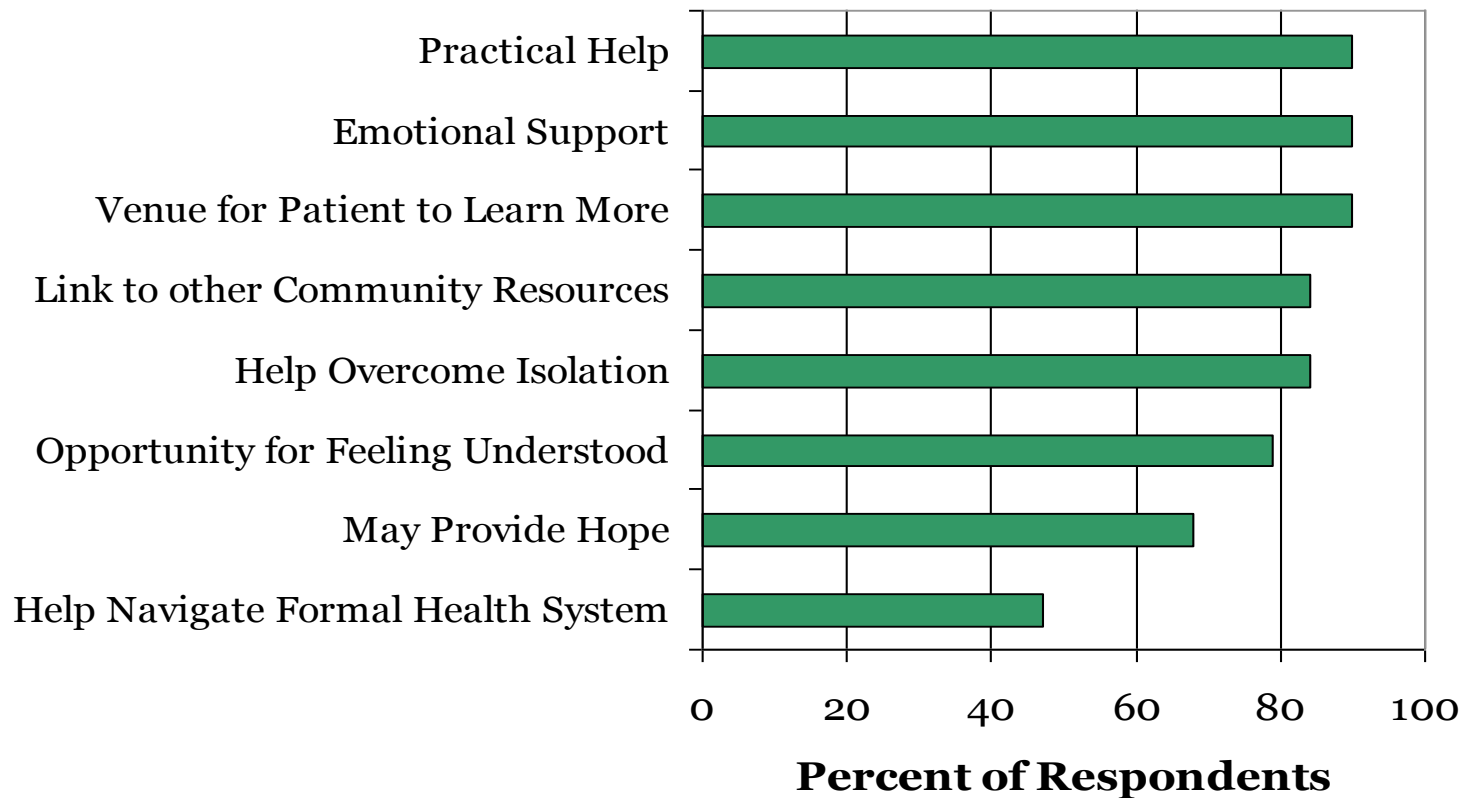
Results and Discussion

Why do FPs never or rarely refer?



Results and Discussion

Why do FPs sometimes or often refer?



Results and Discussion

What role do FPs think they should have?

- 90%** Identify SHGs as an option for patients
- 62% Provide contact information for the Self-Help Connection
- 58% Provide contact information for groups
- 50% Follow-up at the next appointment
- 45% Field questions or concerns from the patient
- 30% Discuss what the patient should expect
- 2.5% No role, SHGs are not a resource that FPs recommend to their patients
- 0% No role, self-help is supposed to be self-determined

Results and Discussion

Questionnaire Revisions

Note was taken of any inconsistencies or missing responses on completed questionnaires during the data entry process. The main recommendation for revision is to re-design **question 8** (see original questionnaire)

- Table Layout
 - Fully split it into 2 questions = 1 table for harmfulness/helpfulness and 1 table below for frequency of informal referral
- Wording
 - “How harmful/helpful do you think a SHG for the following problems/situations would be?”
- Add a New Response Option to the Frequency Part
 - “Unaware a SHG existed”

Conclusion and Future Directions

- The more they **know**,
 - ✓ the more likely they are to **refer!**

Future Directions

- Questionnaire
 - Reliability, Validity, Factor Analysis
- Larger Study
- Development of an Education Strategy



(Gaioni, 1988)

“I would be interested to know what’s available and how people might access it. Maybe we are missing out on some valuable services” (Participant).

Acknowledgements

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- Staff of the School of Health and Human Performance
- FPs who completed the questionnaire

Questions or Comments

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