



Original Article

Self-care use patterns in the UK, US, Australia, and Japan: a multinational web-based survey

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ABSTRACT

Background: The trend toward patient- or consumer-centered healthcare has been accelerated by advances in technology, consumer empowerment, and a shift from infectious to chronic diseases. The purpose of this study was to examine the growing self-care market by analyzing self-care patterns.

Methods: We conducted a cross-sectional, web-based survey involving adults from nine major cities in the UK, the USA, Australia, and Japan. This study examined the extent and frequency of self-care, self-care expenditure, sources of self-care information, and reasons for self-care in each country.

Results: The results showed that the prevalence of self-care was highest in Japan (54.9%), followed by the UK (43.1%), the USA (42.5%), and Australia (40.4%). The primary reason for practicing self-care was "to manage my healthcare myself" (cited by 45.7%, 59.5%, 49.2%, and 4.1% of participants in Australia, Japan, the UK, and the USA, respectively). Significant linear associations were observed between age and the prevalence of self-care in all countries ($p < 0.05$), indicating that self-care prevalence decreased with age in the UK, the USA, and Australia, and increased with age in Japan. The frequency with which self-care was practiced was positively correlated with age in the USA ($p < 0.05$), Australia ($p < 0.01$), and Japan ($p < 0.05$). In addition to acquaintances, internet search engines and information obtained from pharmacies were considered reliable and widely used sources of self-care information.

Conclusion: When developing self-care products or services, healthcare providers and policymakers should consider self-care patterns.

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1. Introduction

The global pattern of disease burden has shifted from infectious to chronic diseases, resulting in changes in patient needs

from short-term cures to long-term care and leading to a transition in healthcare settings from hospital to home or work. Additionally, technological developments have provided sophisticated, convenient devices that enable individuals to manage their own health and diseases. Because of the wide

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availability of the internet, laypeople are increasingly well informed and involved in decision-making regarding their own healthcare.^{1,2}

Reflecting the trend toward patient- or consumer-centered healthcare, the value of the global self-care medical device market is expected to grow at a rate of 7.0% between 2013 and 2019 and reach United States dollars (USD) 16.8 billion by 2019.³ Many governments, including those of the USA, European countries, and Australia, have shown increasing interest in supporting self-management, because of the advantages of practicing self-care in long-term health management and the related decrease in healthcare costs for minor ailments.^{4–6}

Relationships between self-care patterns and socioeconomic and disease characteristics have been examined in previous studies,^{7–9} but surveys comparing more than one country are scarce.¹⁰ However, to our knowledge, no previous studies have assessed self-care patterns in individuals actively engaged in self-care, who are most likely to practice self-care in the future.

The definition of self-care in previous studies varied from that of a broad range of activities undertaken by laypeople as part of their health management⁹ to that of specific self-care activities practiced without doctor involvement,¹⁰ often only when experiencing symptoms.¹¹ To assess the self-care market, we defined self-care as the practice of self-determined home healthcare activities using appropriate products. Self-care was considered a means of health improvement practiced by consumers according to preference and without guidance from healthcare professionals.

The purpose of the study was to examine the characteristics of self-care markets in the UK, the USA, Australia, and Japan, to prepare for the development of self-care products and activities. We analyzed self-care patterns, which included self-care expenditure, the extent of self-care, self-care frequency, reasons for self-care, and sources of self-care information, in individuals actively engaged in self-care.

2. Methods

2.1. Sample

We conducted an online survey of adults aged between 25 years and 59 years, as this age group is considered economically active and independent. Participants were resident in the two most populous cities in the UK, the USA, Australia, and Japan. When the two most populous cities in a country were close to each other, the most populous city located at a distance from the first two cities was selected to ensure that data collection reflected various geographical locations. In Australia, the populations of Sydney and Melbourne are similar, and both are located in Southeast Australia; therefore, Perth (4th in population size) was also included to allow data collection in Western Australia. Aside from these three Australian cities, the study included New York and Los Angeles in the USA, London and Birmingham in the UK, and Tokyo and Osaka in Japan. Prior to administering the survey, we conducted a pilot study in Northern Ireland and observed issues, such as participation rates, self-care prevalence, and average interview duration.

The survey was conducted between September 2012 and October 2012. We recruited respondents via an internet panel maintained by Global Market Insite (<http://www.marketingresearch.org/issues-policies/glossary/gmi-global-marketing-insite-inc>), which provided global online samples for market research. The panel was made up of millions of panelists from around the world who had, upon enrollment as panel members, agreed to participate in online surveys. E-mail invitations were sent to the panelists, who were randomly chosen from each age and sex group to ensure that the age and sex of the respondents reflected that of the general population of each city. Invitation reminders were sent to encourage survey participation. E-mail contact and questionnaire administration were facilitated by an impartial third party acting as an honest broker. The third party had access to an international internet panel, conducted the web-based survey, and subsequently provided the research team with anonymous survey results. Therefore, the research team did not have access to any information that could be used to identify the respondents. The study was conducted in accordance with the ethical principles described in the Declaration of Helsinki.

Recruitment continued until the number of respondents who practiced at least three types of self-care reached at least 200 in each country. In total, 34,401 individuals were invited to participate in the survey; of these, 3,897 (11.3%) completed the screening questions. Because we intended to examine self-care patterns in consumers who were considered most likely to purchase self-care products, we defined individuals who practiced at least three types of self-care (≥ 3 self-care types) as “actively engaged in self-care.” Of those who completed the screening questions, 853 (21.9%) practiced at least three types of self-care and proceeded to the subsequent questionnaire section. Ultimately, 831 (21.3%) individuals completed the entire questionnaire (Fig. 1 and Table 1).

2.2. Survey instrument

The first questionnaire section consisted of screening questions used to assess demographic characteristics, the extent of self-care, and reasons for practicing self-care. Of the screened respondents, those who were actively engaged in self-care proceeded to the subsequent section, which was used to assess self-care expenditure and frequency, the purpose and effectiveness of self-care, and sources of self-care information. The final section assessed respondent perceptions and experiences of traditional East Asian medicine and recorded their intention to purchase self-care products based on traditional East Asian medicine. Responses to the final section of the questionnaire are not reported herein and will be incorporated into a different manuscript that is currently undergoing preparation for publication.

“Self-decided home healthcare products/activities” was used to clarify the meaning of self-care and was further defined as follows: (1) practiced by consumers to improve health/wellness, according to personal preference; (2) practiced without recommendation by a healthcare professional or prescription; (3) involved proactive investment; and (4) suitable for self-application at home. The questionnaire was

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