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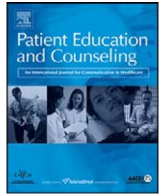

Educational/Counseling Model Health Care

A stories-based interactive DVD intended to help people with hypertension achieve blood pressure control through improved communication with their doctors

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ABSTRACT

Objective: Our goal was to develop an interactive DVD to help African American and Caucasian American adults with hypertension learn how to become better communicators during medical interactions. Material was to be presented in several formats, including patients' narratives (stories).
Methods: To develop the narratives we recruited members of the target audience and elicited stories and story units in focus groups, interviews, and seminars. Story units were ranked-ordered based on conformance with the theory of planned behavior and narrative qualities and then melded into cohesive stories. The stories were recounted by actors on the DVD.
Results: 55 adults (84% women; 93% African American) participated in a focus group, interview, or seminar; transcripts yielded 120 story units. The most highly rated units were woven into 11 stories. The six highest rated stories/actor–storytellers were selected for presentation on the DVD.
Conclusion: We achieved our goal of developing an easy-to-use, story-driven product that may teach adults how to talk effectively with their doctors about hypertension. The DVD's effectiveness should be tested in a randomized trial.
Practice implications: Behavioral interventions aimed at improving patients' ability to communicate during doctor visits may be useful adjuncts in the achievement of BP goals.
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1. Introduction

Hypertension affects half to two-thirds of people over age 60 [1,2] and is a major etiologic factor of the leading causes of morbidity and mortality in developed countries [3]. Only about half of Americans with treated hypertension achieve blood pressure (BP) control [4–6]. Physicians' failure to adjust medications in the face of poor control appears to contribute [7].

Many behavioral interventions to improve BP control have been tested [8–12], but teaching patients to communicate more effectively about hypertension during the medical interaction has received little attention. This is a curious finding, given that at least three studies, one a randomized trial of patient activation, have documented a relationship between the quality of doctor–patient communication and BP control [13–15].

The patient who asks the doctor questions like, "What is my blood pressure today? If my BP is not at goal, how can we get it there?" may be more likely to achieve control than the passive patient. We developed a patient activation curriculum intended for community groups [16] as part of a research program in health disparities and doctor–patient communication [17]. The curriculum was based on the linguistic model of doctor–patient interaction and was built around patient communication behaviors that have been shown to elicit more information from doctors [18–22].

We describe here the development of an interactive digital videodisc (DVD) for patient activation for hypertension control that may extend the reach of the program. Though we will describe all segments of the DVD, we will devote most attention to the one in which narrative communication—patients' stories—was used as the tool to encourage behavior change [23].

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2. Methods

The study was approved by the institutional review board of the University of Alabama at Birmingham.

2.1. Overview of the DVD

Our goal was to produce a DVD, suitable for mass production, aimed at helping African American and Caucasian American adults with hypertension learn to communicate more effectively about their hypertension during medical interactions. An interactive DVD allows the viewer to navigate among segments and watch those of greatest interest.

To accommodate adults' learning preferences we included three presentation methods on the DVD that communicated somewhat different material: a "talk show," doctor-visit skits, and patients' stories. In the talk show, an interviewer engaged with two physicians with extensive experience in caring for people with hypertension; questions were taken from a studio audience composed of community members with hypertension. Talk-show content was written by the project-team physicians (CMA, NPW, TKH); script-writing, filming and editing went through multiple iterations. The talk show had three parts (What is High Blood Pressure? 5.33 min; Lifestyle and Control of High Blood Pressure, 13.17 min; and How to Talk with Your Doctor about Your High Blood Pressure, 18.28 min) that the viewer could opt to watch. In another DVD section two mock doctor visits (scripts by the project-team physicians) were used to demonstrate how a patient's communication behaviors during a medical interaction influence those of the doctor. The interaction between a doctor and a passive patient with uncontrolled hypertension lasted 2:10 min; the interaction between the doctor and the same patient using active communication behaviors lasted 7:31 min.

We turn now to the stories component of the DVD.

2.2. Conceptual framework for the DVD "Stories" segment

The theory of planned behavior guided our choice of elements for the stories [24]; it posits that behavioral intention is the prime factor driving behavior, and that the strongest influences on intention are the person's attitude toward the behavior, whether others would approve or disapprove of the behavior, and the person's perceptions about whether they can control the behavior. The behaviors we are trying to influence with the DVD are the communication behaviors of the patient toward the doctor during the medical interaction; patients who are active communicators have better health outcomes than passive patients [15,25,26]. In Western culture physicians occupy a position that engenders passivity and acquiescence in the patient. This aspect of Western culture drives key constructs for this study, namely patients' attitudes toward how they should talk to their doctor, society's norms for such behavior, and patients' perceptions of the extent to which they will be successful in becoming an active partner in the dyad.

2.3. Approach to developing the stories

It is not known whether factual narratives are more likely than fictional narratives to lead to behavior change. We decided to use patients' own words because we felt they would have the greatest persuasive power. However, we thought it would be extremely difficult within our time frame to identify people who could relate personal illness experiences meeting the definition of "narrative" ("... any story with an identifiable beginning, middle, and end that provides information about scene, characters, and conflict; raises unanswered questions or unresolved conflict; and provides resolution" [27]), were effective storytellers when videotaped, and whose stories would motivate behavior change.

Accordingly, we planned a sequential strategy to be more efficient in finding our stories and storytellers. Focus groups were the initial setting for the elicitation of stories. During each focus group the facilitator identified participants with particularly salient stories for further elaboration in a one-on-one interview. The third setting for eliciting stories was a "How to Talk to Your Doctor" seminar, taught by the developers of the original curriculum (CMA, NPW) [16] to which all participants would be invited. If these methods failed to yield stories from single individuals that met all our content criteria, we planned to meld story units (fragments) into full stories. Thus, the stories would be composed of actual words of participants but each story might contain fragments from different people, and actors would tell the stories. We planned to select story units, stories, and storytellers (actors) from among the candidate pools based on attributes that can be used to assess the quality of narrative health communication, derived by Kreuter et al. [23] from theories of literary criticism, drama, and script-writing.

For the focus groups we recruited African Americans and Caucasian Americans over 50 years with hypertension from Birmingham, Alabama. Degreed health professionals were ineligible. Recruitment extended from July through November 2007. Newspaper ads were run and recruitment flyers were posted in 50 different locations (e.g., community centers, libraries). Interested persons were instructed to call a central number; 84% of callers met eligibility criteria. Despite strong efforts recruitment of men was very slow.

The questions used to guide the focus groups and interviews are given in Table 1. Sessions were recorded and transcribed. Transcripts were coded (by CMA) to identify relevant story units according to *a priori* categories (Table 2). Two project-team members (JHW, DL), working independently, used a 1–5 (highest)

Table 1
Questions used to guide the focus groups and interviews.

Opener
1. Tell us about a personal experience you have had in talking with your doctor during a medical visit, or
2. Would anyone care to share a [good, positive] experience they have had in talking with their doctor? Would anyone care to share a [bad, negative] experience they have had in talking with their doctor?
Let's turn now to doctor visits that were specifically for high blood pressure or during which high blood pressure was major topic.
3. How did that experience affect your [motivation] [desire] [ability] to do what you're supposed to do to take care of your high blood pressure at home?
4. Tell us about some conversations you have had with your doctor about your high blood pressure.
5. Have you ever asked your doctor what the goal is for your blood pressure numbers? [*then probe for positive and negative responses from the doctor*].
6. Have you ever asked your doctor what your BP levels are? [*probe for positive, negative responses from the doctor*].
7. Have you ever asked your doctor why your BP numbers are too high? [*If no one has, probe them with*, why do you think it would be a bad [good] idea to ask the doctor about that?] [*probe for positive, negative responses from the doctor*].
8. There's always a lot of focus on the doctor as a communicator during the doctor visit. Let's focus on the patient. What are your opinions of the patient's role as a communication partner?
9. Tell us about some specific things you have done to try and improve communication with your doctor.

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