

# HEALTH DIALOGUE: A CONCEPT ANALYSIS

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# INTRODUCTION

- **Fact:** health dialogue leads to an improved health outcome
- **Focus** of the analysis:
  - health dialogue between adult patients and health provider\*
  - in various contexts (interpersonal, small/large groups)
- **Fumble?**
  - interchangeable use of concepts: *health education/promotion/counselling/communication/dialogue/information*
  - international relevance

\* Health provider-all inclusive: professional/non-professional persons involved in health related dialogue with patients, including nurses/midwives.

# OVERVIEW OF PRESENTATION

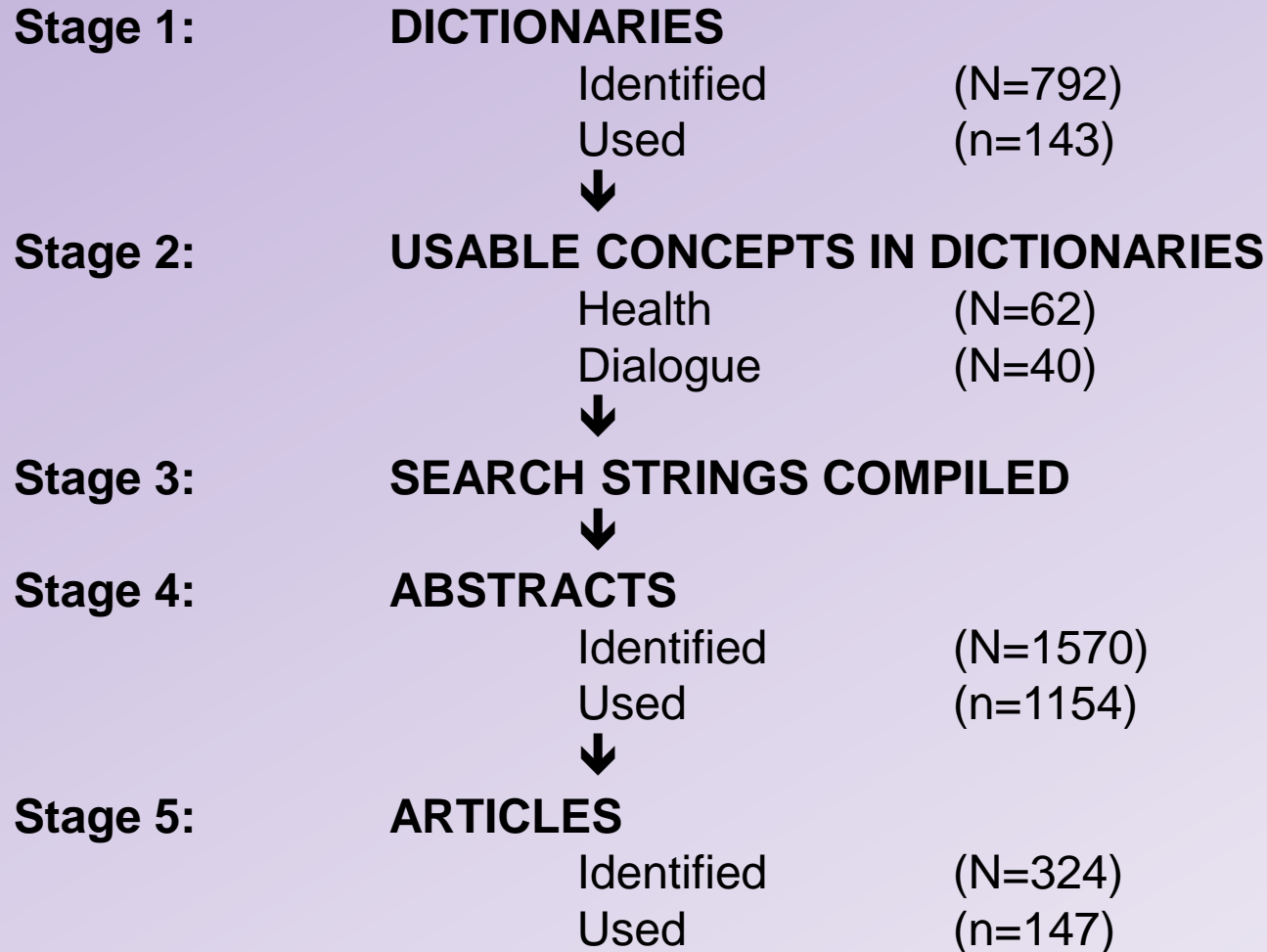
- Method used: Walker & Avant
- Multi stage search strategy followed
- Completed concept analysis
- Examples of cases :
  - Model
  - Borderline
  - Contrary
- Value of analysis

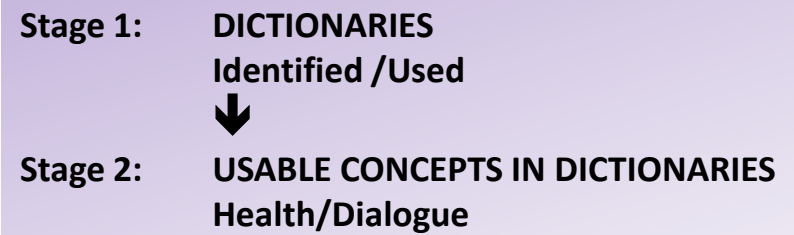
# METHOD USED: WALKER & AVANT (2011)

1. Selecting a concept;
2. Determining the purposes of the analysis;
3. Identifying all possible uses of the concept;
4. Determining the defining characteristics;
5. Identifying a model case;
6. Identifying a borderline and contrary case;
7. Identifying antecedents and consequences; and
8. Defining empirical referents (Walker & Avant, 2011: 160).



# FLOWCHART OF MULTI-STAGE SEARCH STRATEGY FOLLOWED





- **Dictionaries** (electronic and hard copy) Credo Reference data basis
- **2000-2013**
- **“Health” and “Dialogue”**
- **Inclusion:** Explanatory English dictionaries referencing to health/dialogue
- **Exclusion:** Not available, no definitions, non-English, duplicate documents





*(conversation\* or talk\* or interchange\* or discourse\* or argument\* or chat\* or chit-chat or chitter-chatter\* or gossip\* or dialog\* or communication\* or jawing or gassing or gabbing or nattering or chin-wag\* or confabulat\* or converse or conversat\* or dologue\* or colloquy\* or discuss\* or "stakeholder participat\*" or "formal discussion\*" or "exchange\* of opinion\*" or "public participat\*")*

*And*

*(health\* or "physical condition\*" or "mental condition\*" or "sound\* of body" or fitness\* or haleness\* or "good shape\*" or "fine fettle\*" or "good kilter\*" or robust\* or strength\* or vigor\* or vigour\* or soundness\* or salubrit\* or heartiness\* or "absence of ailment\*" or "without ailment\*" or "absence of disease\*" or "without disease\*" or "absence of illness\*" or "without illness\*" or "optimal level\*" or "physical well-being" or "mental well-being" or "medical service\*")*

*And*

*((health or medic\*) and (dialog\* or communicat\*)) not ("book review\*" or "reviews the book")*

- **Inclusion:** English, 2000-2013, scholarly article of longer than 1 page, references
- **Exclusion:** book reviews

Stage 4:	ABSTRACTS Identified/Used ↓
Stage 5:	ARTICLES Identified/ Used

- Data bases from **EBSCOhost interface**: *Academic Search Complete, Africa-Wide Information, AHFS Consumer Medication Information, CINAHL with Full Text, ERIC, Health Source - Consumer Edition, Health Source: Nursing/Academic Edition, MEDLINE with Full Text, PsycARTICLES, PsycINFO, SocINDEX with Full Text, SPORTDiscus with Full Text, Communication & Mass Media Complete, Humanities Source, MasterFILE Premier*
- From **2000-2013**
- **Inclusion**: English, adult patients in communication with health provider in various contexts
- **Exclusion**: duplicates, copies not available

# METHOD USED: WALKER & AVANT (2011)

1. Selecting a concept;
2. Determining the purposes of the analysis;
3. Identifying all possible uses of the concept;
4. **Determining the defining characteristics;**
5. **Identifying a model case;**
6. **Identifying a borderline and contrary case;**
7. **Identifying antecedents and consequences; and**
8. **Defining empirical referents** (Walker & Avant, 2011: 160).

# EXAMPLE OF TABLE: DETERMINING DEFINING CHARACTERISTICS

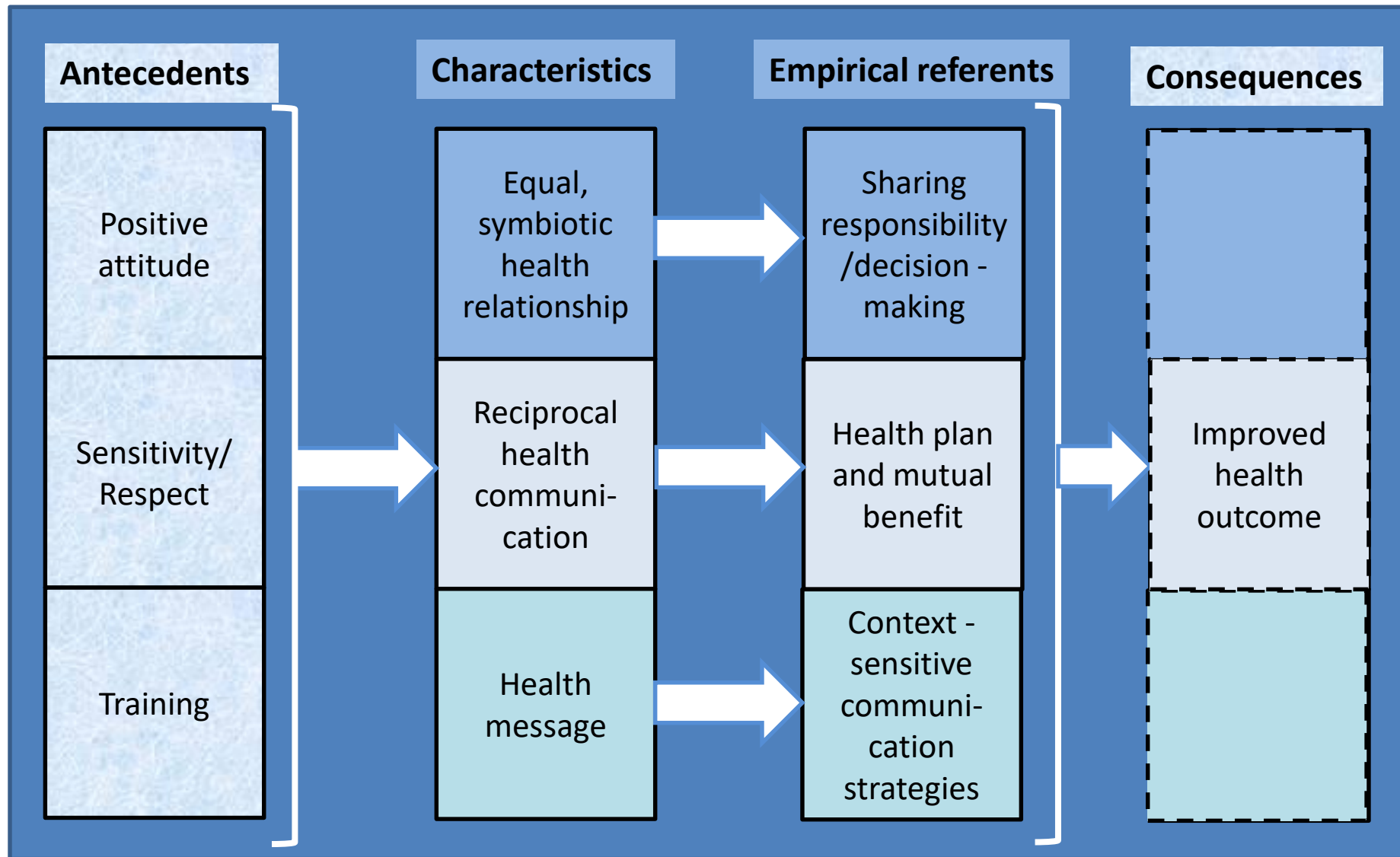
*\* Completed by researcher and co-coder*

Characteristic	Data source	Type of study	Empirical referent	Antecedent	Consequence



Antecedents	Characteristics	Empirical referents	Consequence
<p>Patient and health provider present with positive attitude towards health dialogue; display sensitivity towards cultural, contextual and societal factors and receive training on health matters and communication skills</p>	<p>An equal, symbiotic health relationship between the patient and health provider and reciprocal health communication towards reaching an identified goal via a health message</p>	<p>Sharing an understanding of responsibility/ decision making, establishing a health plan, applying context sensitive health communication strategies and declaring mutual beneficence received from relationship</p>	<p>Improved health outcome</p>

# PATIENT - HEALTH PROVIDER CONTEXT



# MODEL CASE *[demonstrate all uses of characteristics/ absolutely sure that it is concept description]*

Mrs Dia Betes, a non-English speaking diabetes patient, regularly visits her health provider on her scheduled follow up appointments. Her established relationship with her health provider is based on their shared understanding of their respective roles and responsibilities. After various discussions they have decided how to manage her blood glucose levels in order to stabilise her level at 5mmol/L. Mrs Dia Betes is very thankful that her health provider addresses her in her native language. She expressed her satisfaction with her ability to better her weight control and blood glucose levels, whereas the health provider expressed satisfaction with Mrs Dia Betes's positive Patient Opinion Survey which emphasized their positive health relationship

# **BORDERLINE CASE***[most defining characteristics, but not all of them, may differ substantially in one]*

Mr Hyper Tension, a teacher and known hypertension patient, visits his primary health care clinic to collect his repeat prescription. His complaints of constant headache and dizziness leads the health provider to provide him with an information leaflet on hypertension management. No further discussion took place between Mr Tension and the health provider. In spite of being satisfied with receiving treatment and information for his hypertension, Mr Tension still struggles to control his blood pressure. The health provider is satisfied with the quality of health care provided to Mr Tension.



# CONTRARY CASE

*[examples of what the concept is not]*

A book in Chinese, addressing ante natal care exercises, is displayed in an empty waiting room for African geriatric patients.



# LIMITATIONS

- Only used material in English available
- References set as limiter in article search

# SO WHAT?

- **Theory development**

*...defining characteristics known*

Conceptual framework that informs development of middle range theory of health dialogue

- **Practice**

Operationalizing concept, assisting policy makers in constructing monitoring system for health dialogue



# THANK YOU

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