

Patients manage medication processes with information



Introduction

Chronic medicine users have long and often problematic treatment courses, involving unintended events and sub-optimal treatment quality. One of the main reasons for such challenges is attributed to inadequate patient information and communication. Traditionally, the field has often been described and evaluated from a health professional point of view, leaving out patients' own roles in maintaining quality and safety. At the same time, safety aspects have generally been defined by the absence of accidents and incidents, thus focusing on harm and errors (Safety-I) instead of on successes (Safety-II).

Objective

With a specific focus on information, to explore how patients navigate successfully through long-term treatment processes with medicines. This will allow us to learn from the successes and failures of how patients manage medication processes in order to obtain good overall treatment quality.

Methods

Semi-structured qualitative in-depth interviews with chronic users of medicine (pain relievers, anticoagulants and steroids/biological medicines). We employed a Safety-II approach to obtain knowledge of what worked for patients regarding the use of information in their treatment course, at the same time as acknowledging hindrances. Safety-II changes safety management from a protective safety and a focus on how things can go wrong, to productive safety and a focus on how things can go well. Humans are seen as a resource providing flexibility and stability through acting resiliently. Interview-data were analysed using thematic qualitative analysis.



Results

Patients reported a variety of ways to use information for managing their long-term medication processes. Common strategies were to actively seek and use supplementary written and oral information from several sources, in case information from the health system was missing, not understood or side effects appeared. Some strategies had the potential to be handled in a negative way, thus becoming barriers for managing safe processes.

The Safety-II approach seems to have facilitated insights into the ways patients manage their often complicated medication schedules with information.

Conclusion

Chronic patients develop their own, often very efficient, strategies to deal with medications and find out what works and what does not. A tool for this managing is information, allowing patients to react, adjust and thus balance the overall quality of medication processes. Understanding patients' strategies for creating personal safety and tacit knowledge of success in long-term medication processes can contribute to establishing resilient medication processes.