

CONFERENCE ABSTRACT

The role of cultural health capital in health care encounters – an ethnographic study of living with multiple chronic illnesses in Denmark

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Introduction: An increasing number of people live with multiple chronic illnesses. Managing illness and treatment for patients and relatives, is often about assessing care needs and seeking help from the health care system. Earlier studies have suggested that the outcome of encounters with health care professionals is connected to "cultural health capital", a relational, dynamic and contextual form of knowledge about health and health care (Shim 2010). More knowledge is needed on the workings of cultural health capital in everyday life with multiple chronic illnesses in the context of the Danish welfare state.

Aim and methods: In this study we explore, via anthropological fieldwork, the role of cultural health capital in everyday life and in health care encounters for people with multiple chronic illnesses in Denmark. During fieldwork, we 'followed' five key interlocutors through 6-18 months, conducting participant observation in clinical and home contexts. We produced extensive field notes and interview transcripts, and used an abductive approach to analysis, where data and theory inform each other (Tavory and Timmermans 2014). Sociological and anthropological theories on illness- and treatment related work, resources and health capital inform the study.

Key findings: Key findings in the study suggest that the ability to 'negotiate' is an important form of 'capital' for patients and relatives in encounters with HCP's and social workers across sectors in the Danish health care system. Examples of negotiation strategies are; 1) to connect with the "right" people in the system, 2) build strong arguments for ones needs, and 3) know when to make independent decisions on treatment. These strategical moves are furthermore often informed by earlier life experiences, such as 1) accumulated knowledge of the local health care (and social) system, 2) negotiations in professional contexts, and 3) experience with managing time and tasks.

The ability to use the strategies in health care encounters is furthermore dependent on the situated and relational qualities of the encounter.

Conclusion: Our findings suggest that the current conditions under which patients with multiple chronic illnesses negotiate their care needs, can co-produce health inequalities because patients have different prerequisites for negotiating. This is especially problematic for elderly patients with multiple illnesses, who also deal with the accompanying impairment of illness and age.

Implications for applicability/transferability, sustainability, and limitations: The findings in this study can be used to inform decisions in health care planning, recognizing how situations of negotiation are enacted and counter this development.

References:

Shim, Janet K., 2010, Cultural Health Capital: A Theoretical Approach to Understanding Health Care Interactions and the Dynamics of Unequal Treatment. In: Journal of Health and Social Behavior, vol. 51/1, American Sociological Association

Tavory, Iddo and Stefan Timmermans, 2014, Abductive Analysis. Theorizing Qualitative Research. The University of Chicago Press.