

Navigating the Healthcare Maze: Implications for empirical research and policy.

Willis, K., Franklin, M., Lewis, S., Harley, K., Short, S., Collyer, F., Calnan, M., & Gabe, J.

1. Introduction

The Australian healthcare system has been described more as a 'maze' than a system as it is not 'coherent, integrated or systematic'¹. It comprises a complex mix of public and private services and funding arrangements.

While there is a universal health insurance scheme, Medicare, and a public hospital system, Australians can choose their general practitioner and can access diverse services in the private sector. The notion of choice within the dual public/private system is one of the cornerstones of recent policy initiatives encouraging Australians to take out private health insurance (PHI)².

The notion of choice is sociologically problematic. Although narratives of choice presume that individuals are 'rational actors' in accessing health services, healthcare choice also intersects with:

- the complexity of healthcare needs;
- information asymmetry between providers and consumers;
- individuals fears of morbidity/mortality; and
- elasticity of health care markets.

The project will demonstrate how Australians navigate the public/private healthcare maze and deepen understanding of how healthcare choice is promoted, perceived and exercised.

2. Healthcare Capital

Bourdieu's theoretical framework of intersecting capital provides one way of understanding healthcare choice³.



Economic Capital

- Choice is influenced by income
- In Australia, those with higher income are much more likely to purchase PHI



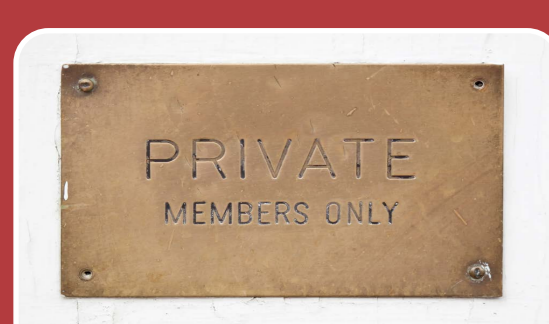
Social Capital

- Choice is facilitated by 'friends in high places'
- Strong numerous social ties are likely to increase access to support in negotiating healthcare decision making



Cultural Capital

- Choice is shaped by our social and cultural milieu
- Acquisition of skills to engage in healthcare decision making through in/formal education, supported by family background



Symbolic Capital

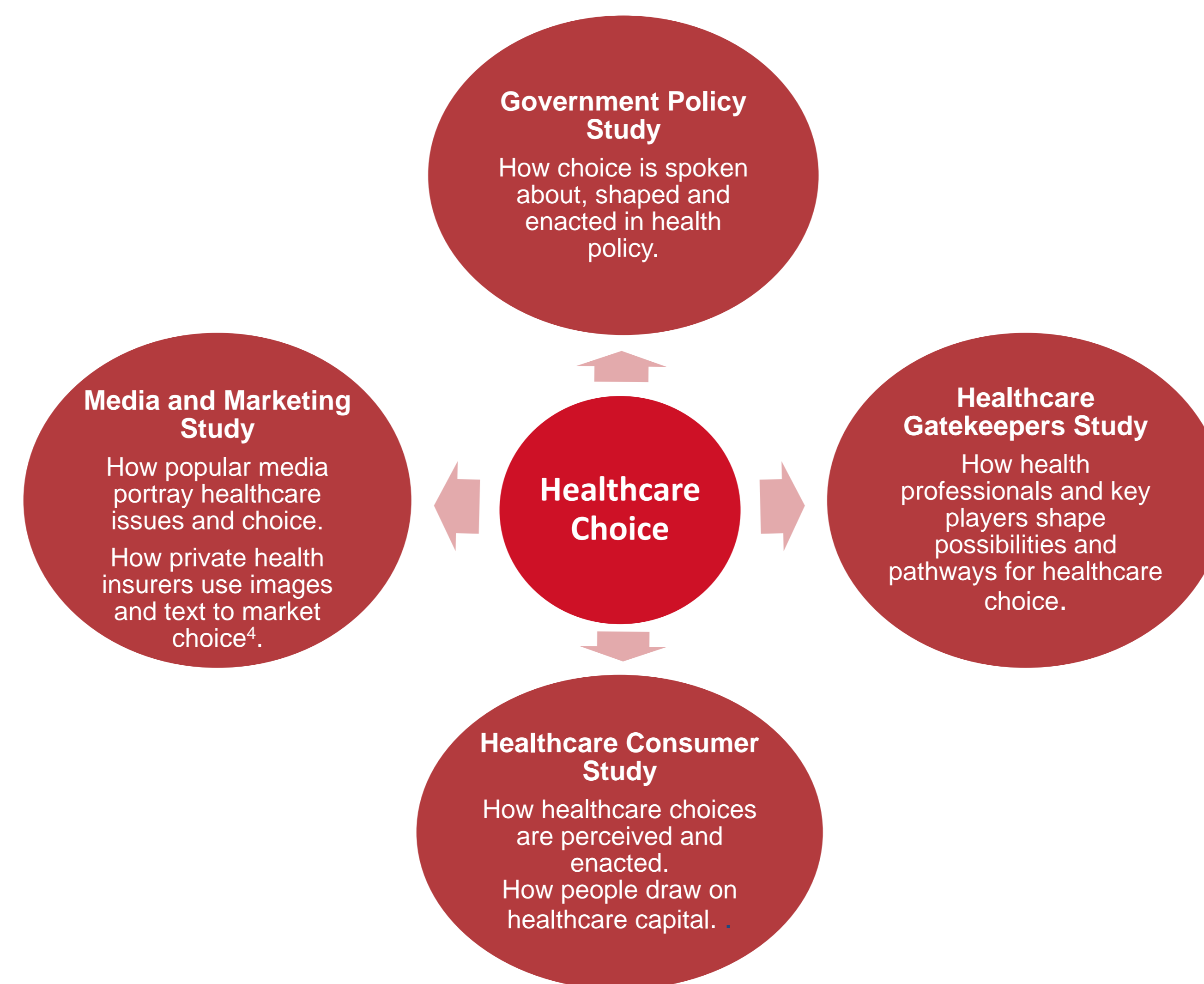
- Choice is influenced by social qualities deemed desirable and prestigious
- Likely effect on capacity to negotiate with healthcare 'gatekeepers' to optimise decisions made



Geographic Capital

- Choice is influenced by access to services
- In Australia, remoteness from capital cities is a significant factor in healthcare access

3. Method: 4 studies



4. Healthcare Consumer Study

Interviews:

Indepth, semi-structured interviews with 80 consumers from diverse locations in three Australian states. The sampling strategy is aimed at exemplifying:

- diversity in experience of healthcare choice; and
- capacity to draw on healthcare capital in perceiving and exercising choice.

Social network mapping:

Interview participants construct a map of networks and information sources that they draw on, and trust, when making healthcare choices.

Data Analysis:

Thematic analysis to identify substantive and conceptual patterns within and across the study groups. Matrix coding queries to identify similarities and differences between subgroups.



5. Consumer Interview Findings

Preliminary analysis of pilot interviews reveals some dimensions of capital are evident as people talk about factors important in exercising healthcare choice:

Economic Capital "[The] *more financial position goes up the scale, the more choice*. So I feel fairly fortunate that I am in a position to make the choices I can afford, like health insurance". Female, 41 years, PHI

Social Capital "*Certainly, the herbalist is a colleague of mine and a friend...we have lunch together sometimes, we've known each other a long time*". Male, 41 years, PHI

Cultural Capital "*I think it's a combination of financial position and education... it doesn't have to be in formal education, it's just in what you know and where to go and where to find out that information. Money and knowledge*". Female, 41 years, PHI

Symbolic Capital "*I trust him [my General Practitioner]. He would be my main source of information... I quite trust one of the academics I work with and I would tell him possibly, that this is what my GP recommended, and I quite trust him.*" Female, 56 years, no PHI

Geographic Capital "*I think there is not as much choice in different parts of the city, like I think out West [in the Western suburbs of Sydney] for instance. The specialists want to be where the money is*". Female, 56 years, no PHI

6. Implications

This project offers, for the first time an empirical study of factors shaping choice in the Australian healthcare system. The project will:

- deepen understanding of healthcare choice in Australia;
- contribute significant new sociological and policy-relevant knowledge about how people navigate the healthcare maze;
- extend existing theory to explain the differential patterning of choice; and
- provide a new analytical focus by examining the contribution of different dimensions of healthcare capital to the perception and exercise of choice in navigating public/private healthcare services in Australia.

This knowledge will contribute substantially to both health sociology and health policy literatures.

References:

1. Palmer, G.R., & Short, S.D. (2010). *Health Care and Public Policy: An Australian Analysis*, 4th edn., Melbourne, Palgrave Macmillan.
2. Natalier, K.A., & Willis, K. F. (2008). 'Taking Responsibility or Averting Risk? A Socio-Cultural Approach to Risk and Trust in Private Health Insurance Decisions', *Health, Risk and Society* 10(4): 399-411.
3. Harley, K., Willis, K., Short, S., Collyer, F., Gabe, J., & Calnan, M. (2011). 'Navigating Public/Private Healthcare Boundaries: choice and healthcare capital', *Annual Conference of the Australian Sociological Association 2011: Local Lives/Global Networks*, Newcastle, Australia: University of Newcastle.
4. Harley, K., Willis, K., Gabe, J., Short, S., Collyer, F., Natalier, K., & Calnan, M. (2011). 'Constructing Health Consumers: UK and Australian Private Health Insurance Discourses', *Health Sociology Review*, 20(3): 306-20.

Acknowledgements: Discovery Project No. **DP130103876** funded by the Australian Research Council.

Contact: Assoc Prof. Karen Willis email: karen.willis@sydney.edu.au